INTERNAL MEDICINE

COLLEGE OF MEDICINE
AND LIFE SCIENCES

THE UNIVERSITY OF TOLEDO

STUDENT HANDBOOK

Clerkship Director:
Christopher Lynn, M.D.
Christopher.lynn@utoledo.edu

Education Administrator:
Dawn Jagodzinski
Dawn.jagodzinski@utoledo.edu

Clerkship Office:
419-383-5022
UTMC Hospital, Room 0245A (basement)

Clerkship Secretary:
Mackenzie McNair
Mackenzie.mcnair@utoledo.edu

COLLEGE OF MEDICINE AND LIFE SCIENCES
THE UNIVERSITY OF TOLEDO

TO: Class of 2024

FROM: Christopher Lynn, M.D./F.A.C.P.
Clinical Clerkship Director

RE: Required Internal Medicine Clerkship
Course Requirements and Handbook

On behalf of our Chairman, the faculty and staff in the Department of Medicine, I would like to welcome you to the Internal Medicine Clerkship.

The attached materials are indexed to allow easy reference. I encourage you to read all of this material at the beginning of your clerkship and review it frequently if questions develop.

As you move from the classroom-oriented education of the first two years, it is important to recognize that you will now be called on to use this information and acquire additional knowledge in order to care for your patients. This knowledge will not be "given" to you. You must acquire the personal motivation and self-study habits necessary for a lifetime of learning.

The faculty looks forward to working with you during your clerkship. We are here to help you reach your goal of becoming a physician.

If you need anything or have any questions, the Clerkship Office is located in the basement of the main UTMC Hospital Building, Suite #0245A. You may also call Dawn Jagodzinski at 419-383-5022 or email her at dawn.jagodzinski@utoledo.edu. Office hours are 7:00 a.m. – 3:30 p.m.

UT DEPARTMENT OF MEDICINE FACULTY

CARDIOLOGY
Mohamad Alghothani, M.D., Assistant Professor
Mark Burket, M.D., Professor
Paul Chacko, M.D., Assistant Professor
Christopher Cooper, M.D., Professor
Ehab Eltahawy, M.D., Associate Professor
Blair Grubb, M.D., Professor
Rajesh Gupta, M.D., Assistant Professor
Samer Khouri, M.D., Professor & Chief
George Moukarbel, M.D., Associate Professor

COMMUNITY BASED
Richard Paat, M.D., Professor

DERMATOLOGY
Lorie Gottwald, M.D., Professor & Chief
Nancy Parquet, M.D., Assistant Professor

ENDOCRINOLOGY
Juan Jaume, M.D., Professor & Chief
John Jun, M.D., Associate Professor
Abed Kanzy, M.D., Assistant Professor
Azra Niaz, M.D., Assistant Professor
Yara Tovar, M.D., Assistant Professor

GENERAL INTERNAL MEDICINE
Basil Akpunonu, M.D., Professor & Chief
Douglas Federman, M.D., Associate Professor
Rashmi Goyal, M.D., Professor
Srini Hejeebu, D.O., Professor
Bryan Hinch, M.D., Associate Professor
Nicholas Horen, M.D., Assistant Professor
Sarah Jackson, D.O., Assistant Professor
Sadik Khuder, M.D., Professor
James Kleshinski, M.D., Professor
Christopher Lynn, M.D., Assoc. Professor
Chiamaka Mbaso, M.D., Assistant Professor
Ruby Nucklos, M.D., Professor
Shuhao Qui, M.D., Assistant Professor
Brian Tasma, M.D., Assistant Professor

GASTROENTEROLOGY
Yaseen Alastal, M.D., Assistant Professor
Benjamin Hart, M.D.,PhD Assistant Professor
Mona Hassan, M.D., Assistant Professor
Toseef Javaid, M.D., Assistant Professor
Abdallah Kobeissy, M.D., Assistant Professor
Ali Nawras, M.D., FACP, FACG, FASGE Professor & Chief
Thomas C. Sodeman, M.D., FACP Professor

GERIATRICS
Zahra Aftab, M.D., Assistant Professor
Anu Garg, M.D., Assistant Professor
Cletus Iwuagwu, M.D., Associate Professor
Ammar Kayyali, M.D., Assistant Professor
Ganesh Merugu, M.D., Assistant Professor

HEMATOLOGY/ONCOLOGY
Danae Hamouda, M.D., Assistant Professor
Roland Skeel, M.D., Professor
Divya Vijendra, M.D., Assistant Professor
Richard Phinney, M.D., Community Based Faculty
Rex Mowat, M.D., Community Based Faculty
Hammad Rashid, M.D., Community Based Faculty

HOSPITALISTS
Zohaib Ahmed, M.D., Assistant Professor
Muhammad Ali, M.D., Assistant Professor
Manesh Gangwani, M.D., Assistant Professor
Omar Horani, M.D., Assistant Professor
Asif Mahmood, M.D., Assistant Professor & Chief
Sarmed Mansur, M.D., Assistant Professor
Nooraldin, Merza, M.D., Assistant Professor
Idrees Mohiuddin, M.D., Assistant Professor
Hani Saad, M.D., Assistant Professor
Sara Shafqat, M.D., Assistant Professor

INFECTIOUS DISEASE
Caytlin Deering, D.O., Assistant Professor
Joan Duggan, M.D., Professor
Michael Ellis, M.D., Professor, Chief
Hend Elsaghir, M.D., Assistant Professor
Claudiu Georgescu M.D., Associate Professor
Jennifer Hanrahan, D.O., Assoc Professor & Chief
Caitlyn Hollingshead, M.D., Assistant Professor
Joel Kammeyer, M.D., Assistant Professor
Komal Masood, M.D., Assistant Professor
Haroon Shah, D.O., Assistant Professor

NEPHROLOGY
Zubia Alam, M.D., Assistant Professor
Maria Alfonso-Jaume, M.D., Associate Professor
Lance Dworkin, M.D., Professor, IM Chairman
Dinkar Kaw, M.D., Professor
Deepak Malhotra, M.D., Ph.D., Professor & Chief
Shobha Ratnam M.D., Ph.D., Associate Professor

PALIATIVE CARE
Annette Collier, M.D., Assistant Professor

UT Dept of Medicine Faculty cont'd

In addition, we utilize numerous Community-Based Volunteer Faculty in many subspecialties

PULMONARY/CRITICAL CARE & SLEEP MEDICINE

Andre Aguillon, M.D., Assistant Professor
Ragheb Assaly, M.D., Professor
Mohamed Omballi, M.D., Assistant Professor
Fadi Safi, M.D., Assistant Professor
Youngsook Yoon-Krawcyzk, M.D., Professor

RHEUMATOLOGY

Nezam Altorok, M.D., Assistant Professor
Yue Ding, M.D., Assistant Professor
Bashar Kahaleh, M.D., Professor & Chief
Svetlana Kriegel, Asst Professor (Allergy/Immunology)
Carleigh Zahn, D.O., Assistant Professor

PROMEDICA TOLEDO HOSPITAL FACULTY

Hospitalist:

Steven Zook, M.D., Director
Evan Abalos, M.D.
Abul Faiz Ahmed, M.D.
Ghattas Alkhoury, M.D.
Bradley Baker, M.D.
Mamtha Balla, M.D.
Shubhita Bhatnagar, M.D.
Faiza Fakhar, M.D.
Jennifer Grech, M.D.
Tejaswini Jagadish, M.D.
David Jones, M.D.
Sandeep Kukreja, M.D.
Mohammed Mansour, M.D.
Susie Namo, M.D.
Mary Pellioni, M.D.
Albert Pham, M.D.
Divya Ramaswamy, M.D.
Ali Sahlieh, M.D.
Jagruti Shah, M.D.
Pooja Suri, M.D.

Cardiologist:

William Colyer, M.D.
Laura DeBenedetti, M.D.
Brent DeVries, M.D.
Brian Dolsey, M.D.
Mohamed Elamin, M.D.
Robert Grande, M.D.
Imad Hariri, M.D.
Sahar Ismail, M.D.
Raj Kattar, M.D.
Mohammed Maaieh, M.D.
Hazem Malas, D.O.
Todd Monroe, M.D.
Ronak Patel, M.D.
Thomas Pappas, M.D.
Timothy Phelan, M.D.
Raji Ramanathan, M.D.
Mujeeb Sheikh, M.D.
James Smith, D.O.
Fred Stockton, M.D.
Gopinath Upamaka, M.D.

INTERNAL MEDICINE REQUIRED CLERKSHIP HANDBOOK INDEX

I. REQUIRED INTERNAL MEDICINE CLERKSHIP

The required Medicine rotation is 8 weeks in length. You will spend a total of 6 weeks on inpatient services at a Toledo area hospital (UTMC, ProMedica Toledo Hospital, St. Vincent Mercy Medical Center) or Riverside Hospital (Columbus), Akron General, St. Joseph Hospital (Ypsilanti, MI) or AHEC inpatient site and 2 weeks on an outpatient/ambulatory service at UTMC, a local clinic or an Area Health Education Center (AHEC).

Goals:

The Department of Internal Medicine will provide all third-year medical students with a broad-based educational experience in outpatient and inpatient medicine so that they will:

- Develop skills in the evaluation and basic management of patients.
- Acquire the knowledge necessary for the competent practice of medicine in a supervised setting as measured by acquiring a minimum score on the Internal Medicine subject exam.
- Acquire excellent interpersonal and professional communication skills.

The Department of Medicine has established a set of Educational Course Objectives. These are in alignment with The University of Toledo College of Medicine & Life Sciences Core Competencies Required for Graduation. We would encourage you to review these frequently throughout the clerkship.

Students will receive a written mid-clerkship formative feedback report halfway through the clerkship. This report will not be used to determine your final grade for the clerkship.

INTERNAL MEDICINE ORIENTATION

1. **Reporting information and study locations for the following locations:**

UTMC Hospitalist, UTMC GIM, UTMC Nephrology and UTMC Cardiology students please report to the IM Resident Conference Area/ Library (Hospital basement, room 0245 – door code is 1-2-3-4-5-6) at 7:50 a.m. Following a quick orientation session with Dawn, a Resident will meet you to provide further instruction for the rotation.

Campus Map(interactive): https://www.utoledo.edu/campus/tour/?hsc

Study areas can be located as follows for this location:

- Mulford Café / AEC: Mulford Library Basement, lounge and study space, computers, beverages, microwave, vending
- Mulford Library: 4th & 5th floor, conference rooms with tables, chairs
- Mulford Library Annex: first floor, front (Arlington side) of building
- Treehouse: Mulford Library Annex top floor, student ID required to access, 24/7
- HEB Computer Lab: Main level, back of building (towards courtyard), individual works stations with computers
- Alumni Room: Mulford Library basement, student ID required to access, 24/7, computer, refrigerator, ping-pong, pool table, tv, microwave, sink
- Classrooms: any classroom that is not booked can be accessed and used for quiet study space
- Library: Mulford Library, 4th floor
- Random nooks: can be located throughout campus, like space outside of anatomy lab, hallway to the SIM Center, outdoor tables, etc.

Riverside students are to report to the ID Badge Center **prior to Orientation** (Green Area/South Medical Office Building, Ste 3070A, 3555 Olentangy River Rd, Columbus, OH 43214). You must have your Driver's License and OPID (can be found in the email from Wendy Steele). Orientation will begin at 8:45 a.m. in the Medical Education Department across the hall from the Lost and Found on the first floor Yellow Area of the Main Building (unless otherwise instructed by Riverside). Your contact at Riverside is Wendy Steele, she can be reached at 614-566-3202. If you requested housing, you will receive an email from the UT Office of Medical Education the week prior to the start of your rotation.

Study areas can be located as follows for this location:

- Cafeteria: Hospital, 1st floor, 6:00 a.m. – 2:00 a.m.
- Library: Basement Green Area, Badge access 24/7, private study rooms, individual computers
- Call Rooms: Hospital basement (IM and Surg share a call room), common/lounge space, computers, TV, video games, ping pong, refrigerator, water cooler, microwave, sink, showers
- Computer Labs: 1st floor, Yellow Area Medical Education & 2nd floor Green Area Gibbons Conference Center, computers, conference rooms

St. Joseph students you will receive an email from Erin Madden at St. Joe's regarding reporting information. If you need to contact her, she can be reached at 734-712-5583. If you requested housing, you will receive an email from the UT Department of Medical Education the week prior to the start of your rotation.

Study areas can be located as follows for this location:

- Call room for medical students has computers and lockers available
- Library has computers available
- Physician Services Area Resident/Student Lounge has computers available

ProMedica Toledo Hospital (PTH) IMS-1, IMS-2 & IMS-3, IMS-4, IMS-GIM, CCU & PPH students park in **levels 3-5** of the P2 or P5 parking garages (P5 is closest to entrance F for PPH Team). The Academic Conference Center is located on the 2nd floor of the Legacy Building.

Campus map: https://www.promedica.org/toledo-hospital/pages/visitors/campus-maps.aspx

Study areas can be located as follows for this location:

- ProMedica Health Science Library; Legacy Building, 1st floor lobby. ProMedica ID badge needed to access, available 24/7, staffed during normal business hours Mon-Fri., computers available
- Resident Lounge: Legacy Building, Academic Conference Center, 2nd floor, computers available
- Academic Classrooms: Legacy Building, Academic Conference Center, 11 classrooms available when not booked by programs. Classroom 11 has extra computers available.
- Generations Tower: Academic Rooms on 2nd, 3rd, 5th, 6th & 8th floors, computers available

IMSs Teams should proceed to the 2nd floor classroom area at 8:15 a.m. to meet your team. Below is contact information in case you have trouble locating your team:

- IMS-1: (phone) 419-291-1773 or (pager) 419-534-0054
- IMS-2: (phone) 419-291-0260 or (pager) 419-292-3111
- IMS-3: (phone) 419-291-0261 or (pager) 419-292-3112
- IMS-4: (phone) 419-291-7662 or (pager) 419-444-0096

CCU – Cardiology Team should proceed to the Generations Tower 5th floor academic center at 8:15 a.m. to meet your team. Below is contact information in case you have trouble locating your team:

- CCU: (phone) 419-291-0271 or (pager) 419-442-3013

PPH – Hospitalist Team

- Report at 7:30 a.m. to the PTH PPH Hospitalist Office. From Entrance F follow the hallway towards the ER and down the stairs. Office will be on the righthand side of the hallway

- PPH Team A (pager) 419-321-0960
- PPH Team B (pager) 419-539-0307
- PPH Team C (pager) 419-444-1059
- PPH Team D (pager) 419-444-1340
- PPH Day Czar (pager) 419-321-0852
- PPH Day Czar 2 (pager) 419-321-0876

Akron General – watch for reporting information via email from Lisa Lawson

2. **Check your e-mail daily**. This rotation is HIGHLY dependent on e-mail communication.

3. If you want to request an excused absence from your assigned rotation for any reason, either a scheduled or emergent issue, you need to submit an **Excused Absence Request** form to the Clerkship Office (dawn.jagodzinski@utoledo.edu) for approval. In addition, you need to notify both your attending or senior resident and the Clerkship Coordinator of your absence ASAP or by the start of your shift. A copy of the Absence Request Form is located in **Appendix F** of this handbook or can be obtained through the IM Clerkship Office. Absence request forms must be submitted as far in advance as possible or for emergent absences within 48 hours of your return.

4. All students will have the opportunity to be observed by a faculty member performing a complete **History & Physical** on a standardized patient, depending on availability in the Clinical Skills Center. Formative feedback will be provided after completion of the exercise. Please be sure to note the date and time for your scheduled session. You will be excused for your clinical duties for this session. A copy of the History & Physical Checklist can be found at **Appendix B** in the back of this handbook.

5. A required **Lab Medicine** experience will be offered for all students. These sessions will be held on scheduled Tuesday afternoons and will be organized by the Department of Pathology. The purpose of these sessions is to familiarize the student with the appropriate use of the laboratory. Topics to be reviewed will include the interpretation, costs, frequency of ordering and sensitivity/specificity of common laboratory tests. You will be excused from your clinical duties for these sessions.

6. Students are also required to complete 18 of the **Aquifer Internal Medicine online cases** prior to the end of the Clerkship. Students are encouraged to complete all of the cases available to them. Using your UT email address, create an account to access the cases here: https://utoledo-md.meduapp.com/users/sign_in

7. The **evaluations** that you need to complete at the end of your Internal Medicine Clerkship can be found by logging into http://rocketmed.utoledo.edu. You can complete the evaluations at the end of each block, but **all evaluations will need to be completed no later than seven (7) days after the end of the Clerkship.**

8. The **Internal Medicine OSCE** (Objective Structured Clinical Examination) is usually during the last week of the IM Clerkship. This exam will assess your skills in taking a history, performing a physical exam and interpreting clinical studies. The schedule and additional information will be e-mailed to each student at a later date.

9. The **NBME Internal Medicine Subject Exam** is typically scheduled during the last week of your Internal Medicine Clerkship, usually in the morning. Additional information will be e-mailed at a later date.

10. Any students that have filed for accommodations with **Student Disability Services** for this clerkship, must meet with the Clerkship Coordinator prior to starting clinical rotations.

Hospital Rotations:

1. **DRESS CODE**: Professional attire, clean and pressed white coat unless otherwise instructed

2. **WORK HOURS:**
    - Minimum of 7:30 a.m. – 4:30 p.m., Monday through Friday
    - There are no required call responsibilities at UTMC or ProMedica Toledo Hospital
    - Call will be discussed at each of these sites individually: Riverside Hospital, St. Joseph Hospital , Akron General
    - Do not utilize or check your cell phones during rounds or teaching sessions unless instructed to do so.

3. **DUTIES:**
    - Attend all required educational conferences. Attendance will be confirmed during each required session or by completion of any exercises presented during the sessions.
    - History and physical write-ups are to be completed within 24 hours; ask your senior resident to proof and provide feedback.
    - Assigned patients must be seen prior to pre-determined round time.
    - Have notes prepared before rounds; review labs and medication lists.
    - Be prepared to present your patients on rounds.
    - Participate in rounds by asking questions to clarify issues that are not clear to you.
    - Follow-up on all laboratory studies, radiology orders and results of special procedures or tests.
    - Prepare for check-out rounds.
    - Update patient census list.
    - Check with senior or intern prior to leaving.

4. **CONFERENCES:**
    Students on rotations at UTMC and Toledo Hospital are to attend conferences. See Block-specific schedule for exact dates, locations and if participation is required. Also be sure to SIGN IN BEFORE each conference.

    - Noon/Research Conference
    - Clinical Case Conference
    - Resident-Directed Student Didactics

- Chairman Rounds Students are assigned by team to present and all others are expected to participate.
- Grand Rounds/M&M Conferences
- Ambulatory Rounds: Only required for students on Ambulatory rotation.

NOTES:

- If your team is rounding during one of the sessions that you are required to attend, you need to excuse yourself from rounds to attend the session.
- Students on rotations outside of UTMC or Toledo Hospital will receive a separate schedule from their respective sites.

5. **ELECTRONIC MEDICAL RECORDS (EMR):**
   - Students on inpatient services at UTMC will use the Patient Handoff Tool (PHT), see **Appendix G** for a guide/instructions.
   - Students on outpatient services at UTMC will use Athena; all students received training for this during the Bridge Course.
   - Students on any ProMedica sites/services will use EPIC; all students received training for this during the Bridge Course (If you did not receive this training, please let the Clerkship Coordinator know ASAP before your scheduled rotation!)

ADMISSION ORDERS

Admit to [team, physician, floor]
Diagnose (primary and secondary)
Condition
Vitals
Allergies
Nursing
Diet
Activity
Labs
I V Fluids
Special tests
Medications

DISCHARGE ORDERS

Discharge to [home, facility, expired]
Diagnosis (primary and secondary)
Condition
Diet
Activity
Medications
Follow-up

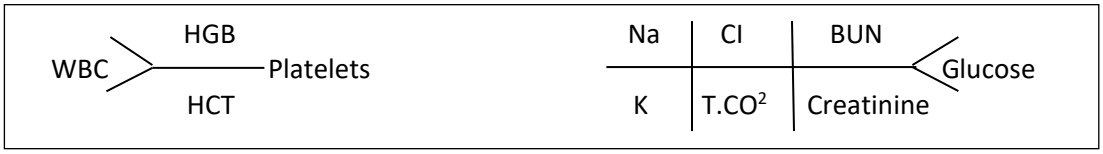
STANDARD S.O.A.P. NOTE

S: Subjective

- Summary of patient and condition
- What happened since last seen
- How is the patient doing? Symptoms/review of pertinent systems

O: Objective

- Vitals: heart rate, respiratory rate, temperature and blood pressure
- Physical exam: HEENT, CV, RESP, GI/abdomen, extremities, NEURO
- Labs: date / time



- Test results: EGD, CT, CXR, MRI, stress test, CATH, etc.

A: Assessment

- Primary and active problem first (problem list in order of importance)

P: Plan

- Correlate your plans with each assessment

TOPICS TO COVER:

- What is expected of you on Rounds
  - Present in clear voice. Speak directly to the team.
- History and Physical (H&P): Be as complete as possible. This will be one major part of how you are evaluated. Be sure to include a differential diagnosis discussion under the assessment.
- Notes: Show organization, this will be another major part of how you will be evaluated.
- Appropriate books: Washington Manual / Drug book.
- Problems:
  - **Student to student**: attempt to work it out amongst yourself. Squabbling and bickering will reflect poorly on everyone regarding professional behavior.
  - **Student to intern**: speak to your senior resident
  - **Student to senior resident**: speak to your attending or the chief resident
  - **Student to attending**: speak to the Clerkship Director
  - Patient confidentiality must be foremost!

S.O.A.P. Note – for floor patients

Subjective: How the patient is feeling and review of systems

ROS:	This is for complete History and Physical (H&P)
General:	Usual weight, weight changes, fever/chills, night sweats
Skin:	Rashes, lumps, itching, ulcers, color changes, changes in hair or nails
Head:	Headache, head injury
Eyes:	Vision, last eye exam, glasses/contacts, pain, redness, excessive tearing, double vision, spots, specks, flashing lights, glaucoma, cataracts
Ears:	Hearing, tinnitus, vertigo, earaches, infection, hearing aids
Nose & Sinus:	Frequent colds, nasal discharge or itching, nosebleeds, allergies, sinusitis
Mouth & Throat:	Dentures, last dental exam, sore tongue, sore throat, hoarseness, ulcers

Neck:	Lumps, goiter, pain or stiffness
Breasts:	Lumps, skin dimpling, pain, nipple discharge, self-exams
Respiratory:	Cough, sputum, hemoptysis, wheezing, asthma, bronchitis, emphysema, pneumonia, TB cancer, pulmonary embolus
Cardiac:	HTN, MI, heart murmurs, chest pain or pressure, palpitations, orthopnea, paroxysmal nocturnal dyspnea, edema, dyspnea, h/o EKG, stress test, cardiac cath
GI:	Trouble swallowing, heart burn, appetite, n/v hematemesis, h/o ulcers, h/o cancer, bowel habits, rectal bleeding or black tarry stools
Urinary:	Frequency of urination, polyuria, nocturia, burning with urination, hematuria, urgency, hesitancy, dribbling, incontinence, infections or stones
Genital:	Males: hernias, discharge or sores on penis, testicular pain or masses, h/o STD's Females: age at menarche, regularity, frequency and duration of periods, LMP, age of menopause, postmenopausal bleeding, discharge, sores, lumps, STD's, pregnancies and abortions
Peripheral Vascular:	Intermittent claudication, leg cramps, varicose veins, DVT's
Musculoskeletal:	Muscle or joint pain or stiffness, DJD, gout, cellulitis
Neurologic:	H/o stroke, LOC, seizures, weakness, paralysis, numbness or tingling, tremors
Hematologic:	Anemia, easy bruising or bleeding, past transfusions and reactions to them
Endocrine:	Thyroid disease, heat or cold intolerance, excessive sweating, diabetes, excessive thirst or hunger, polyuria
Psychiatric:	Anxiety, depression, memory

OBJECTIVE: T Tm P R BP I/O WeightSat O2

Gen: How do they appear?

HEENT:

Neck:

Heart:

Lungs:

Abd:

Back:

Ext:

Lines:

Current medications:

Labs:

Tests:

- resulted
- pending

ASSESSMENT: Problem list and status of problems

PLAN: How we are addressing these problems and what we will do today and why

STUDENT RESPONSIBILITIES:

1. Keep list updated – must be updated every night before you leave.
2. Complete SOAP Note on each patient every day before rounds.
3. Inform intern of abnormal test/lab results or unusual delays.
4. Do not talk with patients/families about plan of care or test results unless clearly instructed to do otherwise. This is generally a senior resident or attending responsibility.
5. Participate in teaching rounds.
6. Participate in check-out rounds.
7. Always let the interns know where you will be during the day.
8. Be in the hospital early enough to complete your work and no later than 7:30 a.m.
9. Try not to surprise your senior or intern on rounds with your information – discuss your patients with your senior or intern before rounds.
10. If you have questions about your patient, try to address these with your intern or senior before rounds.

Standards for Professional Behavior for Students in the COM

The following standards for professional behavior are in alignment with the Educational Program Objectives for the College of Medicine and are meant to supplement the Standards of Conduct, listed in policy #01-027, which apply to all staff and students of the University of Toledo.

Self

1. Adheres to dress code consistent with institutional standards.
2. Is punctual for all educational experiences (I.E., exams, clinics, rounds, small group sessions, appointments at the clinical skills center).
3. Fulfills all educational assignments and responsibilities on time.
4. Accepts constructive feedback and makes changes accordingly.
5. Recognizes personal limitations and seeks appropriate help.
6. Demonstrates independent and self-directed learning.

Relationships with students, faculty, staff, patients and community

1. Establishes effective rapport.
2. Establishes and maintains appropriate boundaries in all learning situations.
3. Respectful at all times of all parties involved.
4. Demonstrates humanism in all interactions.
5. Respects the diversity of race, gender, religion, sexual orientation, age, disability, and socioeconomic status.
6. Resolves conflict in a manner that respects the dignity of every person involved.
7. Uses professional language being mindful of the environment.
8. Maintains awareness and adapts to differences in individual patients including those related to culture and medical literacy.

Support of ethical principles of the Medical Profession

1. Maintains honesty.
2. Contributes to an atmosphere conducive to learning and is committed to advance scientific knowledge.
3. Protects patient confidentiality.

Patient Safety Curriculum

As part of the longitudinal Patient Safety Curriculum, students need to complete a self-reflection evaluation (see **Appendix E** in the back of this handbook) which should be turned in to the Clerkship office. Almost all students will attend a Morbidity and Mortality (M & M) conference during their rotation which can form the basis for your self-reflection evaluation. In the unusual circumstance that you do not attend an M & M conference during your rotation, you can elect to complete this evaluation on any patient that you believe may have had a potential adverse outcome related to patient safety.

Learning Environment Survey

Dear Students:

The Learning Environment is created by the interactions among faculty, staff, and students.

As part of our ongoing efforts to maintain a positive learning environment that supports optimal educational programs, we have developed a short (one page) online survey tool to gather data regarding your perceptions and experiences. We are interested in receiving information about experiences, and possibly individuals that had a positive impact on your learning as well as any that may have created barriers. All responses are anonymous. Data will be anonymously forwarded to the college and/or hospital personnel who are in positions to acknowledge positive behaviors in addition to providing intervention if ever warranted.

Your feedback in a real-time way is key to this success. If there is a resident, nurse or faculty member who has demonstrated outstanding professionalism and contributed to your learning environment or has detracted we want to know and know quickly. If there should ever be an event that reaches a degree of urgency, you may indicate this and/or request follow-up using this data collection tool.

Instructions: The Learning Environment Assessment and Event Report can be accessed from an icon in your current courses in BlackBoard. The link has been included on the Blackboard home page for all preclinical blocks and required clerkships. Additionally, you can go directly to the site at

http://utmc.utoledo.edu/learningenvironment

You will need to sign on and will be prompted for your UTAD User ID and password and then the assessment page will display. Use the pull-down menus to select a location such as University of Toledo Medical Center (UTMC), Health Science Campus (HSC), and to select the primary person(s) involved. Use the radio buttons to answer the questions and click on submit when completed. If appropriate, please provide specific comments regarding the event as well.

If you indicate that an event is of a serious nature and warrants immediate follow up, you will be prompted to enter a contact name and phone number.

We strongly encourage you to provide feedback on the learning environment experienced in each of your required and elective clerkship rotations as well as regarding your encounters with the various offices and departments across our campus. If you have any questions, please don't hesitate to contact the Office of Medical Education.

II. EDUCATIONAL COURSE OBJECTIVES

	Core Competencies	Clerkship Objectives *At the end of the Internal Medicine Clerkship, medical students will be able to:*	Instructional Method	Evaluation Method / Outcome Measure
1	PC-1, PC-3, PC-4	Demonstrate an ability to obtain a complete medical history	Patient care in inpatient and outpatient settings Teaching rounds, inpatient rounds Faculty observed history & physical	Clinical Competency Evaluation OSCE Case Report (written assignment) Formative feedback on faculty observed history & physical
2	PC-2, PC-4	Demonstrate an ability to perform a complete or focused physical examination as appropriate and distinguish normal from abnormal findings	Patient care in inpatient and outpatient settings Faculty observed history & physical session Teaching rounds, inpatient rounds Harvey simulator session	Clinical Competency Evaluation OSCE Formative feedback on faculty observed history & physical
3	MK-1, MK-2, MK-3, MK-4, MK-5, MK-7; PC-4, PC-7, PC-8; IPC-1, IPC-2, IPC-3, IPC-4	Synthesize information to develop an appropriate reasonable differential diagnosis and present information in a succinct and organized manner	Patient care in inpatient and outpatient settings Faculty observed history & physical Presentation at Chairman Rounds Presentation at Morning Report	Clinical Competency Evaluation NBME Subject Exam OSCE Formative feedback on faculty observed history & physical
4	MK-1, MK-2, MK-4, MK-6, MK-7; PC-4, PC-7, PC-8	Demonstrate an ability to assess the patient's chief complaint and develop an appropriate management plan	Patient care in inpatient and outpatient settings Presentation at Chairman Rounds Presentation at Morning Report	Clinical Competency Evaluations
5	MK-1, MK-2, MK-4, MK-6, MK-7; PC-1, PC-2, PC-4	Perform a complete H & P for new patient encounters and document the results in an organized and succinct manner.	Patient care in inpatient and outpatient settings	Clinical Competency Evaluations
6	MK-1, MK-2, MK-4, MK-6, MK-7; PC-1, PC-2, PC-4, PC-7, PC-8	Regularly re-evaluate patients' status including appropriate interpretation of history and physical exam findings	Patient care in inpatient and outpatient settings	Clinical Competency Evaluations

7	MK-1, MK-2, MK-4, MK-6, MK-7; PC-1, PC-2, PC-4, PC-7, PC-8, PC-10	Accurately prepare case reports based on patient encounters and research into the primary diagnoses	Patient care in outpatient settings	Clinical Competency Evaluations Case Reports on Ambulatory assignment (written assignment)
8	PC-7, PC-8	Demonstrate an ability to utilize and interpret laboratory and radiographic tests used in diagnosing common disease	Patient care in inpatient and outpatient settings Lab Medicine experience	Clinical Competency Evaluations NBME Subject Exam
9	MK-8; PBL-5, PBL-7	Describe the different approaches to pain management.	Patient care in inpatient and outpatient settings Chairman Rounds & Student Morning Report	Clinical Competency Evaluations
10	MK-1, MK-2, MK-4, MK-6, MK-7; PC-9	Recognize and manage common medical emergencies	Patient care in inpatient and outpatient settings	Clinical Competency Evaluations NBME Subject Exam
11	MK-9, MK-10, MK-11, MK-12, MK-13; PB-1, PB-6	Identify ethical problems which arise in patient treatment and care	Patient care in inpatient and outpatient settings Ethics Conference	Ethics Conference participation
12	MK-9, MK-10, MK-11, MK-12, MK-13	Use ethical principles to reach a resolution in a presented case	Patient care in inpatient and outpatient settings Ethics Conference	Ethics Conference participation
13	MK-9, MK-10, MK-11, MK-12, MK-13; PB-1, PB-7; IPC-4	Recognize how race, culture and/or spirituality may influence choice of treatment and health care decision-making.	Ethics Conference	Ethics Conference participation
14	PC-10; PBL-3	Utilize self-directed learning in evaluation and management of patients.	Case Reports on Ambulatory rotation	Case Report evaluations
15	PB-1, PB-2, PB-3, PB-4, PB-5, PB-6, PB-7, PB-8	Demonstrate an ability to meet or exceed the institutional standards for professional behaviors.	Patient care in inpatient and outpatient settings	Clinical Competency Evaluations

III. Diagnostic Categories

Required Clinical Experiences:
To help learners achieve the educational course objectives, requirements for both patient type (diagnostic category) and students' level of involvement have been established. These clinical experiences will be complimented by faculty-directed small group sessions, resident-directed clinical discussions, and web-based interactive self-study (Aquifer Internal Medicine Cases).

Patient type:
During this clerkship, students are required to recognize symptoms that may signify disease in eight categories. They need to distinguish normal from abnormal findings on physical exam, formulate a differential diagnosis based on signs and symptoms use and interpret common tests used in diagnosing disease and develop a systematic approach to management of these common diseases. This provides the core of the internal medicine experience. All categories are required and considered essential as part of an introduction to internal medicine. The minimum number of patients in each category is defined.

Patients are seen in both inpatient and outpatient settings. All students complete 6 weeks of Medicine inpatient service. Students are required to evaluate **at least** 16 inpatients over the 6-week experience. The level of involvement for each patient must include:

1. Independently gathered history information
2. Independently performed physical exam
3. Presented patient case
4. Wrote patient note
5. Opportunity to discuss laboratory or test results
6. Opportunity to offer and discuss differential diagnosis
7. Opportunity to offer and discuss management options

In addition to participating in Medicine inpatient service, students spend 2 weeks in a variety of ambulatory/outpatient sites. Students are required to assess at least 8 outpatients during this experience. The level of involvement for each patient must include:

1. Observed or performed patient interview
2. Observed or performed physical exam
3. Opportunity to discuss laboratory or test results
4. Opportunity to offer and discuss differential diagnosis
5. Opportunity to offer and discuss management options

Students must log all patient encounters and logs will be monitored to ensure an adequate experience.

Diagnostic Category	Minimum Number of Patients	Comments/Explanation
Cardiovascular Disease	2 *(at least one patient with CAD and one patient with HTN)*	Includes CHF, ischemic heart disease, arrhythmia, hypertension, or peripheral vascular disease.
Endocrinology Disease	2 *(at least one patient with Diabetes Mellitus)*	Includes hyper/hypothyroidism, diabetes mellitus, or adrenal disease
Pulmonary Disease	2 *(at least one patient with obstructive lung disease)*	Includes COPD, asthma, interstitial lung disease
Hematologic/Oncologic Disease	2 *(at least one patient with anemia)*	Includes anemia, hematologic malignancy, or solid organ malignancy
Infectious Disease	2 *(at least one patient with pneumonia)*	Includes sepsis, endocarditis pneumonia, meningitis, urinary infection or HIV
Rheumatologic Disease	2 *(at least one patient with arthritis)*	Included rheumatoid arthritis, degenerative arthritis, or SLE
Gastroenterology Disease	2 *(at least one patient with gastrointestinal bleeding)*	Include peptic ulcer disease, esophagitis, cirrhosis or inflammatory bowel disease
Nephrology Disease	2 *(at least one patient with renal failure)*	Includes renal failure, electrolyte disturbance, acid-based disturbance, nephritic syndrome, or renal calculi

Level of involvement:
In addition to seeing patients in the diagnostic categories listed above, how the students are engaged in the encounter is also an important factor in helping students achieve the objectives for this clerkship. Level of involvement is likely to include various types of interaction with patients and the health care team and should be monitored to ensure a complete experience. Levels of involvement will be indicated for logged patient encounters so **log accurately**! The logs will be reviewed around the middle of the clerkship to ensure that students have a range of experiences in both inpatient and/or outpatient settings.

Level of involvement during patient encounters will be logged using the following categories:

- Independently gathered history information
- Observed patient interview
- Independently performed physical exam
- Observed physical exam
- Presented patient case
- Wrote patient note
- Opportunity to discuss laboratory or test results
- Opportunity to offer and discuss differential diagnosis
- Opportunity to offer and discuss management options
- Observed procedure
- Performed procedure (not required for this clerkship)

Other Clerkship Experiences:
In addition to required clinical experiences (patient type and level of involvement), successful completion of the clerkship requires student participation in a variety of additional experiences. These experiences are coordinated through the Department of Internal Medicine and include lecture/discussions and presentations.

IV. CORE COMPETENCIES REQUIRED FOR GRADUATION

Medical Knowledge

Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences across the lifespan, as well as the application of this knowledge to patient care.

Graduating medical students will be competent and have demonstrated:

MK-1 Knowledge of the normal structure and function of all organ systems

MK-2 Knowledge of the molecular, biochemical and cellular mechanisms related to normal and abnormal function

MK-3 Knowledge of underlying causes of common disorders and their pathogenesis

MK-4 Knowledge of altered structure and function (pathology and pathophysiology) associated with various diseases

MK-5 Knowledge of clinical manifestations of common diseases

MK-6 Knowledge of pharmacological basis of therapeutics

MK-7 Knowledge of scientific principles required to practice evidence-based medicine

MK-8 Knowledge about pain relief and palliative care

MK-9 Knowledge of ethical principles that govern decision making in medicine

MK-10 Knowledge of normal and abnormal human behavior

MK-11 Knowledge of the manner, in which people of diverse cultures and belief systems perceive health/illness and respond to symptoms, diseases and related treatments

MK-12 Knowledge of the non-biological determinants of health and the economic, psychological, social and cultural factors that contribute to health and disease

MK-13 Knowledge of gender, cultural and other biases that impact delivery of health care

MK-14 Knowledge of fundamentals of medical professionalism

MK-15 Knowledge of fundamental principles of preventive medicine and population/public health

MK-16 Knowledge of fundamental principles of patient centered and team-based care, patient safety as well as quality improvement in health care delivery

Patient Care

Students must be able to provide patient care that compassionate, appropriate, and effective for the treatment of health problems and the promotion of health across the life span. Students must be able to utilize all medical, diagnostic, and procedural skills considered essential for the area of practice.

Graduating medical students will be competent and have demonstrated:

PC-1 The ability to obtain an accurate, relevant, and complete medical history that covers all essential aspects of the history

PC-2 The ability to perform a physical examination that is both complete and accurate

PC-3 The ability to conduct an accurate, relevant focused history and physical in appropriate clinical situations

PC-4 The ability to document a patient encounter that is legible (if applicable), organized, concise, timely and accurate

PC-5 The ability to obtain informed consent for common medical and surgical procedures in a compassionate, professional, and efficient manner

PC-6 The ability to perform common procedures utilizing safe and effective techniques and with universal precautions

PC-7 The ability to use knowledge of the most frequent clinical, laboratory, radiographic and pathological manifestations to interpret the results of commonly used diagnostic procedures

PC-8 The ability to construct appropriate common diagnostic and therapeutic strategies for patients with common conditions, both acute and chronic

PC-9 The ability to recognize emergency medical conditions and institute appropriate initial therapy

PC-10 The ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information to deliver safe and effective clinical care

PC-11 The ability to deliver care in interprofessional teams

Professionalism

Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Graduating medical students will be competent and have demonstrated:

PB-1 Ethical, responsible, reliable, and dependable behavior in all aspects of their professional lives and a commitment to patients, society, and the profession

PB-2 Honesty and integrity in all interactions with patients, families, staff, colleagues, and others with whom students interact in their professional life

PB-3 Professionalism in dress, grooming, manner of speech and personal interactions with patients, families, staff, colleagues, and others with whom students interact in their professional life

PB-4 Respect for the privacy and dignity of patients and their families

PB-5 Compassionate treatment of patients

PB-6 Knowledge of, and respect for other health care professionals, and of the need to collaborate with others in caring for patients as well as promoting population health

PB-7 Knowledge of key principles required for delivery of culturally competent care

PB-8 Professional maturity by appropriately managing conflicts, coping with personal and professional stress and showing flexibility in potentially ambiguous situations

Interpersonal and Communication Skills

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients across the life span, their families, other health professionals, and the community at large.

Graduating medical students will be competent and have demonstrated:

IPC-1 The ability to communicate effectively in a timely manner, both verbally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities

IPC-2 The ability to communicate effectively with colleagues within one's discipline as well as other health professionals in a respectful, professional, and timely manner to ensure interdisciplinary and interprofessional delivery of high-quality care

IPC-3 The ability to communicate in a culturally competent manner with patients, families, and community at large

IPC-4 The ability to apply principles of cultural competence to all aspects of health care delivery

Practice Based Learning and Improvement

Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Graduating medical students will be competent and have demonstrated:

PBL-1 The capacity to recognize and accept limitations in one's own knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability through lifelong learning

PBL-2 The ability to independently set learning and improvement goals

PBL-3 The ability to incorporate all forms of feedback in identifying gaps in knowledge, skills and professionalism and implement remediation plans

PBL-4 The ability to utilize information technology in improving medical knowledge and delivering care to patients and populations

PBL-5 The ability to identify, analyze and assimilate evidence from scientific research and apply to patients' health problems

PBL-6 The ability to participate effectively in education of patients, their families and caregivers, other trainees, and other health professionals

PBL-7 The ability to apply fundamentals of basic sciences to clinical problems

Systems Based Practice

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Graduating medical students will be competent and have demonstrated:

SBP-1 Knowledge of the role and responsibilities of physician and other health care professionals in various models of health care organizations, and the impact of finances/economics on delivery of health care

SBP-2 Knowledge of impact of health care disparities in delivery of health care

SBP-3 Knowledge of economic impact of diagnostic and therapeutic evaluation and risk-benefit analysis in both patient and population-based care

SBP-4 The ability to identify and report systems error as well as identify potential solutions

SBP-5 The ability to participate effectively in and deliver care in an interprofessional team

V. LEARNING OBJECTIVES FOR PATIENT ENCOUNTERS

Cardiovascular Disease

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with cardiovascular disease (CHF, Ischemic heart disease, Arrhythmia, Hypertension, Peripheral Vascular Disease, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of cardiovascular disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with cardiovascular disease (CHF, Ischemic heart disease, Arrhythmia, Hypertension, Peripheral Vascular Disease, etc.) and completing assigned reading materials and didactics related to diagnosis and management of cardiovascular disease, the student will be able to:

a. recognize symptoms that may signify cardiovascular disease including chest pain, shortness of breath, orthopnea, and edema
b. distinguish normal from abnormal findings on cardiovascular exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing cardiovascular disease
e. develop a systematic approach to the management of common cardiovascular diseases (including the recognition and management of situations that are potential emergencies)

Endocrinologic Disease

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with endocrinologic disease (Hyper/Hypothyroidism, Diabetes Mellitus, Adrenal Disease, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of endocrinologic disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with endocrinologic disease (Hyper/Hypothyroidism, Diabetes Mellitus, Adrenal Disease, etc.) and completing assigned reading materials and didactics related to diagnosis and management of endocrinologic disease, the student will be able to:

a. recognize symptoms that may signify endocrinologic disease including weakness, polyuria/polydipsia, and hypo/hypertension
b. distinguish normal from abnormal findings on endocrinologic exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing endocrinologic disease
e. develop a systematic approach to the management of common endocrinologic diseases (including the recognition and management of situations that are potential emergencies)

Pulmonary Disease

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with pulmonary disease (COPD, Asthma, Interstitial Lung Disease, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of pulmonary disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with pulmonary disease (COPD, Asthma, Interstitial Lung Disease, etc.) and completing assigned reading materials and didactics related to diagnosis and management of pulmonary disease, the student will be able to:

a. recognize symptoms that may signify pulmonary disease including shortness of breath cough, hemoptysis and chest pain
b. distinguish normal from abnormal findings on pulmonary exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing pulmonary disease
e. develop a systematic approach to the management of common pulmonary diseases (including the recognition and management of situations that are potential emergencies)

Hematologic/Oncologic Disease

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with hematologic/oncologic disease (Anemia, Hematologic Malignancy, Solid Organ Malignancy, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of hematologic/oncologic disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with hematologic/oncologic disease (Anemia, Hematologic Malignancy, Solid Organ Malignancy, etc.) and completing assigned reading materials and didactics related to diagnosis and management of hematologic/oncologic disease, the student will be able to:

a. recognize symptoms that may signify hematologic/oncologic disease including weight loss, lymph node enlargement, easy bruising, hematochezia, hemoptysis and hematuria
b. distinguish normal from abnormal findings on hematologic/oncologic exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing hematologic/oncologic disease
e. develop a systematic approach to the management of common hematologic/oncologic diseases (including the recognition and management of situations that are potential emergencies)

Infectious Disease

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with infectious disease (Sepsis, Endocarditis, Pneumonia, Meningitis, Urinary Infection, HIV, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of infectious disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with infectious disease (Sepsis, Endocarditis, Pneumonia, Meningitis, Urinary Infection, HIV, etc.) and completing assigned reading materials and didactics related to diagnosis and management of infectious disease, the student will be able to:

a. recognize symptoms that may signify infectious disease including fever/chills, altered mental status, dysuria, diarrhea and cough
b. distinguish normal from abnormal findings on exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing infectious disease
e. develop a systematic approach to the management of common infectious diseases (including the recognition and management of situations that are potential emergencies)

Rheumatologic Disease

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with rheumatologic disease (Rheumatoid Arthritis, Degenerative Arthritis, SLE, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of rheumatologic disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with rheumatologic disease (Rheumatoid Arthritis, Degenerative Arthritis, SLE, etc.) and completing assigned reading materials and didactics related to diagnosis and management of rheumatologic disease, the student will be able to:

a. recognize symptoms that may signify rheumatologic disease including joint pain/swelling, fatigue, low grade fever and skin lesions
b. distinguish normal from abnormal findings on exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing rheumatologic disease
e. develop a systematic approach to the management of common rheumatologic diseases (including the recognition and management of situations that are potential emergencies)

Gastroenterology Diseases

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with gastroenterologic disease (Peptic Ulcer Disease, Esophagitis, Cirrhosis, Inflammatory Bowel Disease, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of gastroenterologic disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with gastroenterologic disease (Peptic Ulcer Disease, Esophagitis, Cirrhosis, Inflammatory Bowel Disease, etc.) and completing reading materials and didactics related to diagnosis and management of gastroenterologic disease, the student will be able to:

a. recognize symptoms that may signify gastroenterologic disease including diarrhea, constipation, hematemesis, hematochezia and jaundice
b. distinguish normal from abnormal findings on exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing gastroenterologic disease
e. develop a systematic approach to the management of common gastroenterologic diseases (including the recognition and management of situations that are potential emergencies)

Nephrology Diseases

1. Evaluate at least two patients on the inpatient or outpatient service, as a primary student, with nephrologic disease (Renal Failure, Electrolyte Disturbance, Acid-Based Disturbance, Nephrotic Syndrome, Renal Calculi, etc.)
2. To have exposure to assigned reading materials and didactics related to diagnosis and management of nephrologic disease.

Learning Objectives

After having primary responsibility for evaluating at least two patients with nephrologic disease (Renal Failure, Electrolyte Disturbance, Acid-Based Disturbance, Nephrotic Syndrome, Renal Calculi, etc.) and completing assigned reading materials and didactics related to diagnosis and management of nephrologic disease, the student will be able to:

a. recognize symptoms that may signify nephrologic disease including hematuria, fatigue, nausea/vomiting and muscle cramps
b. distinguish normal from abnormal findings on exam
c. formulate a differential diagnosis based on signs and symptoms
d. use and interpret common tests used in diagnosing nephrologic disease
e. develop a systematic approach to the management of common nephrologic diseases (including the recognition and management of situations that are potential emergencies)

VI. READING

The recommended text for Internal Medicine will be Cecil Essentials of Medicine (10th Edition). This is an excellent, easily readable text, which covers the major topics in Internal Medicine. You will need to be acquainted with the material in this text in order to pass the Subject Exam at the end of this rotation and the Internal Medicine portion of the National Boards. You will not see enough disease variety in your patient population during this rotation to adequately cover all of the important topics in Internal Medicine. You must keep up with your reading during the rotation or you will not pass the Subject Exam.

In addition, key journals, books and websites pertaining to Internal Medicine can be located by following this link: https://libguides.utoledo.edu/md/internalmed

VII. CASE & HOUR LOGS

The medicine clerkship will be using a web-based system for monitoring students' clinical activity during their medicine clerkship. You are responsible for logging all patient interactions and procedures you performed during your medicine clerkship as well as your assigned educational hours.

After your clinical activity starts you will need to start logging cases and procedures into the website. The website for this is: http://rocketmed.utoledo.edu Once inside the website, enter your user name and password as described on that web page and then click the link: Log Clinical Cases and Procedures. You are expected to log cases and procedures in a timely fashion.

It is imperative that you honestly log cases and procedures. Students from each rotation will randomly be selected for a review of their entered data. All of their data will be double checked with proctors and/or medical records for accuracy.

NOTE: In order for the patient information to be permanently recorded, it is necessary to enter the Medical Record Number. AHEC sites may not use patient Medical Record Numbers. In that situation, the patient's birth date should be entered into the Case Log. If the Medical Record Number or birth date is not available, enter numbers such as 000001 for the first patient, 000002 for the second patient, 000003 for the third patient, etc. If a six-digit entry is not made, cases entered will not appear the next time your Case Log is opened.

You must log throughout your entire clerkship and enter a minimum of 24 patients. At least eight of these should be from your Ambulatory Medicine/AHEC experience. Failure to enter a minimum of 24 patients will result in an incomplete grade. You will not receive a final grade until you have entered at least 24 patients.

In additions to the cases, students are required to log their Assigned Educational Hours into the Case Log System (RocketMed) throughout the entire clerkship. Student assigned educational hours are defined as all clinical activities (both hospital and outpatient) and academic activities related to the clerkship. These hours include time spent in the hospital, time spent in the ambulatory setting and all scheduled academic activities such as lectures, conferences and orientation. Student assigned educational hours do not include reading/studying and preparation time spent away from the hospital/clinical site(s). Under no circumstances should students have assigned educational

hours that exceed 80 hours per week. If you feel that you are exceeding this amount of time, please contact the Clerkship Coordinator or Clerkship Director immediately. This Policy is described in detail in the UTCOM website (Policy3364-81-04-004-00).

VIII. STANDARD GRADING SYSTEM FOR INTERNAL MEDICINE CLERKSHIP

The clerkship grade will consist of 3 components:

1. Clinical Competency Evaluation (CCE)
   a. Professionalism (PROF)
   b. Patient Care (PC)
   c. Practice Based Learning & Improvement (PBLI)
   d. Interpersonal Communication Skills (IPCS)
   e. Systems Based Practice (SBP)
2. National Board of Medical Examiners (NBME) Subject Exam
3. Departmental Education Program

Overall Grade	**1. CCE profile**	**2. NBME** (**Percentile** based on National NBME average from the previous year)	**3. Departmental Education Program** (Percentile)
Fail	Fail PC**	< 5%	< 60
Defer	Pass/High Pass/Honors	≥5th	<60
	Pass/High Pass/Honors	<5th	≥ 60
	Pass/High Pass/Honors	<5th	<60
	Fail (PROF*) OR (PBLI or IPCS)***	≥5th	>60
Pass	Pass	≥5th	≥ 60
High Pass	Pass	≥ 55th	≥ 75
	High Pass	≥5th	≥ 60
	Honors****	≥5th	≥ 60
Honors	Honors	≥ 55th	≥ 75

***** Remediation through OSA/conduct and ethics committee

****** Repeat clerkship

******* Remediation determined by Clerkship Director

****** High Pass (with Clinical Excellence)–** will be distinguished on the MSPE on the end of clerkship narrative

1. **Clinical Competency Evaluation (CCE) performance**

a. *Weighting of preceptor evaluations* – the weight of each preceptor evaluation will be determined by the amount time (direct contact hours) a student has with each preceptor:

Direct Contact Hours	Weight
Extensive (> 40 hours)	X16
Substantial (11 to 40 hours)	X8
Moderate (5 to 10 hours)	X4
Limited (1 to 4 hours)	X2
No Contact (<1 hour)	0

b. Your CCE grade will be based on your performance in each of the 5 competencies.

i. To qualify for CCE honors a student must have HONORS IN PROFESSIONALISM.

ii. If the professionalism grade is HP or Pass, the highest CCE grade that can be assigned is HP.

Competency Grades for Patient Care, Interpersonal Communication Skills, Systems Based Practice, and Practice Based Learning and Improvement	PROFESSIONALISM		
	HONORS	HIGH PASS	PASS
4H	H	HP	HP
3H+1HP+0P	H	HP	HP
3H+0HP+1P	H	HP	HP
2H+2HP+0P	H	HP	HP
2H+1HP+1P	H	HP	HP
2H+0HP+2P	HP	HP	HP
1H+3HP+0P	HP	HP	HP
1H+2HP+1P	HP	HP	HP
1H+1HP+2P	HP	HP	P
1H+0HP+3P	HP	HP	P
0H+4HP+0P	HP	HP	HP
0H+3HP+1P	HP	HP	HP
0H+2HP+2P	HP	HP	P
0H+1HP+3P	HP	HP	P
0H+0HP+4P	P	P	P

c. *Example:* if the following grades are assigned for each competency:

i. **Professionalism = HONORS**
ii. Interpersonal Communication Skills = HONORS
iii. Patient care = PASS
iv. Systems Based Practice = PASS
v. Practice Based Learning & Improvement = PASS

CCE GRADE = HIGH PASS
Professionalism = HONORS
1H + 3P

d. **High Pass with Clinical Excellence –** Students who receive a CCE grade of HONORS but do not meet requirements for an overall clerkship grade of honors, a special designation will be noted in the final MSPE narrative that will highlight the student's clinical performance:

"Student X's overall grade for the XX clerkship is High Pass. Of note, this student performed at the honors level in his/her clinical performance ."

e. Fail in one competency for assessment of clinical performance will result in the following
i. If a student fails Professionalism, Practice Based Learning and Improvement, or Interpersonal and Communication Skills, a grade of DEFER will be assigned and

REMEDIATION will be required. Once the remediation is successfully completed, the student's transcript grade will be changed to a PASS.

ii. If a student fails Patient Care, a grade of FAIL will be assigned, and the clerkship must be REPEATED in its entirety.

iii. The lowest grade possible for the systems-based practice competency is a pass.

2. <u>NBME Subject Exam</u>

- Honors: ≥ 55 percentile
- HP/P: 5-54 percentile
- Fail < 5 percentile

* Students must achieve the 5th percentile on the NBME subject examination to successfully complete the clerkship. Failure to achieve the 5th percentile will require the student to retake the subject examination and a grade of DEFER will be assigned. A second attempt on the NBME subject examination must be completed within one year from the first attempt. If the student achieves the 5th percentile or higher on the second attempt a grade of PASS will be assigned. PASS is the highest grade that can be achieved after a DEFER grade. If a student fails the NBME exam on a second attempt, then the final grade is FAIL and the clerkship must be repeated.

3. **<u>Departmental Educational Program</u>** <u>(20 points total)</u>— *<u>distribution unique to each clerkship</u>*

a. Honors: ≥ 75% (≥ 15 points)
b. HP/P: 60-74% (12-14 points)
c. Fail < 60% (<12 points)

A minimum of 60% (12 total points) must be achieved in the Departmental Education Program. If a student does not meet the minimum threshold a grade of DEFER will be assigned until remediation is completed. PASS is the highest grade that can be achieved after a DEFER grade.

For Internal Medicine, the Departmental Education grade is as follows:

1. Five of the 20 points will be broken down as follows:
    a. Three points for required assignments (Aquifer cases, case reports, OCS forms, case logs, etc.)
    b. Three points for students that completed all required assignments in the expected time.
    c. Two points for students that complete all required assignments but in a suboptimal manner. (This includes spending less than 25 minutes on each of the required Aquifer cases or failing to demonstrate appropriate engagement.)
    d. One point for students who only complete required assignments after the end of the clerkship or who need multiple reminders
    e. Two points for attendance and professionalism. Students should have cameras on for virtual conferences that are designated for students only. Attendance will be taken after students are signed in.
2. Fifteen of the 20 points will come from the OSCE (Objective Structured Clinical Exam) mentioned in Section III.

IX. REQUIRED ATTENDANCE AT CONFERENCES

All students assigned to inpatient/consult services are required to attend Medical Grand Rounds at their respective hospital sites. In addition, students on ambulatory rotations are encouraged to attend Medicines' Grand Rounds, if their schedule permits.

Each of the hospitals will have conferences in which you are required to attend. You are also required to attend morning report, if offered at your institution. These schedules may be obtained at the respective hospitals.

X. THE INPATIENT/CONSULT HOSPITAL ROTATION

UTMC, ProMedica Toledo Hospital, Riverside Hospital (Columbus, OH), St. Joseph Mercy Hospital (Ypsilanti, MI) and Akron General (Akron, OH)

Students' Responsibilities and Criteria for Evaluation:

- Perform complete history and physical exam on new patients admitted to the service. H&P should be on the chart within 24 hours of admission.
- Be prepared to present a complete H&P on any admitted patient for attending rounds the next day.
- See all patients for whom you have primary responsibility **prior to rounds** and be prepared to present a sketch of the chief problems and plans for treatment.
- Keep up to date on your patients' problems and notify your intern if changes in condition or abnormal tests are seen.
- Attend required conferences/seminars/didactics and Grand Rounds.
- Take advantage of any and all opportunities to perform procedures even if they seem fairly minor or routine (starting IV's, placing NG tube, urinary bladder cath., etc.). You should make sure that you receive permission from your team before performing any procedure.
- History and physicals for staff admissions will be reviewed by the attending. They **must** be complete and most importantly have a differential diagnosis for each major presenting problem.
- You will not be expected to follow more than five patients at a time on average. If you are carrying greater than that number, some will be "pulled" from your service so that you can continue to see and evaluate new patients. You must prepare progress notes on each of your assigned patients every day.
- The attending and residents may have additional expectations. If you have questions regarding stated or implied expectations, you must ask the attending or resident early during your rotation.
- General job descriptions for members of the medical team can be found in Section XV.
- Observation and Feedback

Holidays

Students will not be expected to come into the hospital on days designated as UTCOM holidays. This includes students assigned to services outside of the UTMC campus including Riverside, St. Joseph, ProMedica Toledo Hospital or Akron General.

Change of Rotation

Students will be expected to be at their assigned hospitals throughout the duration of the rotation at that hospital.

Students going to an AHEC site, Riverside Methodist Hospital, Columbus, Akron General, or St. Joseph Mercy, Ypsilanti may leave at the end of business the day before starting the next Block after they have completed their assigned patient care duties.

Below is an example of the Observation of Clinical Skills (OCS) Form. There are four of these forms in **Appendix C** located in the back of this handbook. **Remove these pages and divide the forms**. During your rotation you should give a form to the attending physician that you are working with (or their designee) for formative feedback on your performance. A minimum of 3 of these signed forms must be returned to the Clerkship Office by the end of the clerkship. Failure to return these forms will result in an incomplete grade.

INTERNAL MEDICINE CLERKSHIP			
OBSERVATION OF CLINICAL SKILLS (OCS) – FORMATIVE FEEDBACK			
Student Name (print):			
Week of (dates):			
Faculty Name (print):			
Please evaluate the following skills you observed during a student-patient clinical encounter:	Satis-factory	Needs to improve	Did not observe
Interviewed the patient and collected pertinent information	☐	☐	☐
Performed a complete and focused physical exam as appropriate	☐	☐	☐
Selected and interpreted common tests used in diagnosing common diseases	☐	☐	☐
Periodically re-evaluated the patient, interpreting the results of new tests and physical changes	☐	☐	☐
Synthesized information, determined a differential diagnoses	☐	☐	☐
Accurately presented a patient by preparing case reports based on patient encounters and research	☐	☐	☐
Demonstrated appropriate knowledge in the clinical setting	☐	☐	☐
Showed respect for the patient, protects their privacy and dignity	☐	☐	☐
This student is ethical, reliable and responsible	☐	☐	☐
This student is honest and displays integrity	☐	☐	☐
This student dressed professionally, was well groomed and communicated clearly	☐	☐	☐
This student shows respect for other health care professionals and staff	☐	☐	☐
Additional comments or notes for improvement:			
Faculty Signature:			

XI. THE AMBULATORY MEDICINE ROTATION

Students' Responsibilities and Criteria for Evaluators:

1. Each student not assigned to an outpatient AHEC will spend 2 weeks of their 8-week clerkship in an Ambulatory rotation where they will be assigned to work in an outpatient clinic or clinics.

2. Your weekly schedule should be about the same from week to week. If specific clinics are canceled, you will generally be assigned to another clinic scheduled that same day.

3. Students will perform different functions in different clinics at the discretion of the faculty preceptor. Some students will act primarily as observers and some will see and examine patients under supervision. This will depend on the clinic experience available.

4. During each week of clinic, students will identify one patient presenting with an interesting problem about which they would like to spend time reading and researching. They will prepare a brief written case presentation based on their evaluation of the patient and a review of their chart. One of these Case Reports will be prepared each week. Please see the "Directions for Case Report Preparation" and "Sample Case Report" sections in this handbook for more information.

5. On scheduled Fridays the students on the Ambulatory block will meet for rounds as a group with a faculty member. Each student will present at least one patient for review and discussion. Discussions may include a review of pathophysiology as well as discussion and plans for treatment.

6. Case Reports will be returned to the faculty member with whom you saw the patient. You will need to prepare two Case Reports during the Ambulatory Medicine Rotation.

7. Students on the Ambulatory block are encouraged to attend noon conferences when possible.

8. Evaluations will be based on the following:

   a) Case Reports will be evaluated by the faculty with whom you saw the patient on the basis of their clarity and comprehensiveness. Evidence of research into a specific topic will be given prime consideration in the evaluation.

   b) Presentation and discussion during the Friday rounds will be evaluated on the basis of your preparation for this exercise and your ability to present pertinent information in a clear and concise manner.

   c) Patient evaluation and management skills will be assessed by the faculty working with you in the outpatient clinics.

9. Students will be given ongoing verbal feedback during the rotation. If a student feels that they are not getting adequate feedback about their rotation, they are encouraged to ask the attending physician for an evaluation of their performance.

Case Report Preparation (A sample Case Report follows this description)

1. Case Reports should include a brief description of the reason for the clinic visit, pertinent past medical history and a summary of treatment plans. Pertinent findings on physical exam should also be mentioned whether or not you actually performed this exam yourself.

   This is to be a directed history and physical summary only. It should not be a comprehensive history and physical as you would perform on a hospitalized patient.

2. The Case Report should include an assessment of the presenting problem. This should include a differential diagnosis for the presenting problem.

3. The Case Report should include a discussion of some aspect of the presenting problem. This might be a summary of the pathophysiology or etiology of a specific disease. It might be a discussion of therapeutic options or prognosis. It is important that you read in detail on the disease process reviewed because you may be asked about it during Ambulatory Rounds.

   The Case Report should generally be used to answer some specific questions related to a patient's presenting complaint or illness. Your faculty preceptor should act as a guide in the selection of an appropriate topic. The Case Report should not be a simple reiteration of textbook material. It should demonstrate understanding of a specific area of Internal Medicine.

4. Excessive length is **not** required. Case Reports longer than 3-4 pages are inappropriate.

5. Each submitted Case Report should have an evaluation form like the example below attached to it. Two Case Report Evaluations are located in the back of this book in **Appendix D; remove that page, divide it into two separate forms**. Attach an evaluation to each of your reports prior to submitting them to the attending physician supervising your patient encounter. They will review, provide feedback and assign a "grade" (Outstanding, Above Average, Average, Below Average, Poor) based on the clarity and comprehensiveness of your Case Report.

6. After the attending physician has reviewed and graded your report turn it in to the IM Clerkship Office by the end of your rotation.

CASE REPORT EVALUATION

Student Name:

_____

Patient Initials: **Date:**

_____ _____

This section to be completed by the **attending whose clinic you saw the above patient.**

Attending Name:

_____

Overall, this report is:

- ☐ Outstanding
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Poor

Suggestions / Comments / Feedback:

_____

_____

_____

_____

_____

_____

Please return this evaluation and case report to the Clerkship Office (UTMC Hospital basement 0245A / MS1150) for the students file in a timely manner.

Sample Case Report (used by permission of Stanley Chung CCIV)

Case Report July 20, 1989

AA is a 52-year-old white female seen in South Toledo Internists clinic for evaluation of chronic obstructive pulmonary disease. She is a referred patient because her previous internist left the area. AA has 11 years history of lung disease. She was diagnosed of having bronchiolitis obliterans by a pulmonary specialist at Ohio State University in Columbus. For this problem, she was treated with steroid for 6 months. The outcome of the treatment was not successful. AA was a cigarette smoker in the past. She has a history of arthritis, back pain, elbow and hip joint problem. Her past medical record will be obtained from her previous physician.
AA's blood pressure was 120/76, weight 168 lbs. At present, she requires continuous oxygen (1.5 1/min) treatment. Current mediation includes Proventil, Atrovent, and Vanceril inhalers, Theodur 300 mg bid, and Premarin 0.625 mg qd. The patient appears calm, and cheerful. She seems well adjusted with her illness.

Assessment: Bronchiolitis obliterans
Chronic emphysema

Discussion:

Bronchiolitis obliterans is a pathologic disorder which characterized by partial or complete obstruction of the small airways (bronchioles and alveolar ducts) by granulation tissue or peri-bronchiolar fibrosis. Histologically, there are two distinct patterns: (1) Intraluminal granulation tissue extends from small airways into alveoli and is often referred to as organizing pneumonia. A study by Epler, G. R. et al indicates that majority of patients (57 out 67 patients) have this histologic pattern. (2) For the other patients, the lesions ware limited to small airways without parenchymal involvement. (Epler, G.R. et al, Bronchiolitis Obliterans Organizing Pneumonia, N. Engl. J. Med. 1985; 312:152-8.)

It is believed that bronchiolitis obliterans results when injury to small airways is repaired by proliferation of granulation tissue. The degree of functional impairment is directly related to the number of bronchioles involved. Patients generally presented with cough and dyspnea due to obstruction. Many causes and disease conditions have been fume inhalation, patients develop irreversible airflow obstruction one to three weeks after toxic fume exposure; 2) postinfectious, usually seen in children, after viral or mycoplasma infection; 3) associated with connective tissue disorders, development of bronchiolitis obliterans in patients with rheumatoid arthritis has been associated with penicillamine therapy; however, it is also seen in patients who have never received penicillamine; 4) localized lesions, incidental radiographic findings in asymptomatic patients where biopsy was performed to rule out neoplasia; and 5) idiopathic with patchy or diffuse organizing pneumonia, most frequent pattern. Patient with idiopathic bronchiolitis obliterans organizing pneumonia usually presented with cough and flu-like symptoms which last weeks to months. Crackles were heard in 68% of patients. Radiographically, 81% of patients showed an unusual pattern of patchy density with 'ground glass' appearance. Physiologically, 72% of patients have reduced lung volume, and 86% have gas exchange impairment.
Treatment for the localized lesion is by resection. As for the other four groups of patients, if they are in the acute stage of disease, they can be successfully treated with high dose of prednisone, 1 mg/kg for one to three months, then followed by lower maintenance dose for six to 12 months. As shown by Epler et al, 65% of patients was completely recovered after such treatment. On the other hand, patients with late stage of bronchiolitis obliterans have not been shown to respond to steroid therapy. For these chronic stage patients, they are usually treated symptomatically with bronchodilator agents. AA appears to belong to this group of patients. These results suggest that early diagnosis and treatment are important in determining the clinical course of the disease. (Epler, G.R. et al, The Spectrum on Bronchiolitis Obliterans, Chest, Feb. 1983, 83(2):161-2.)

Stanley Chung

Sample Case Report (used by permission of Stanley Chung CCIV)

Case Report July 27, 1989

JR is a 26-year-old white female seen in South Toledo Internists clinic for routine pelvic examination and evaluation of Lyme disease. Patient indicated that about a month ago, she had noticed a small erythematosus rash on her right leg which was followed by flu-like symptoms two days later. She was distressed that she might have contracted the disease. At present, she does not have any sign of this disorder. Despite reassurance, she insisted to have a blood test for Lyme disease. Consequently, a test was ordered.
During the pelvic examination, purulent discharge was found at the cervical os; this was cultured. Otherwise, the pelvic examination was unremarkable. Pap smear and quaiac test were also obtained. The quaiac test was negative. In general, patient appears to be in good health. Her blood pressure was 122/70, weight 126 lbs. Her latest lab results did not indicate any abnormality.

Assessment: Pelvic examination (purulent discharge?)
Lyme disease?

Discussion:
Lyme disease is a multi-system disease caused by a tick-transmitted spirochete, Borrelia burgdorferi. It was named for Lyme, Connecticut, where was first recognized. The disease was thought to be originated in Europe and is now found world-wide. In U.S., three endemic areas have been identified: the northeastern states from Massachusetts to Maryland, the upper Midwestern states of Minnesota and Wisconsin, and portion of four western states, California, Oregon, Nevada, and Utah. However, cases have been reported from other part of country, suggest that the disease is spreading. Study by Piesman et al indicates that May and June are the main months of transmission risk of Lyme disease. (Piesman J. et al, Seasonal variation of transmission risk of Lyme disease and human babesiosis. Am J. Epidemiol 1987; 126:1187-9.)
Lyme disease occurs in three stages (see Table 1) which roughly parallel their chronologic appearance. Overlap of stages is common; however, not all patients will have these signs and symptoms and the problem seems to come and go. In stage I, approximately 86% of patients developed erythema migraines. In stage II, about 15% of patients developed problems in the central and peripheral nervous systems four weeks to several months after the onset of erythema migraines. Arthritis is the dominant manifestation in stage III, about 60% of patients developed recurrent dominant manifestations in stage III, about 60% of patients developed recurrent monarticular or symmetric pauciarticular arthritis of large joints.

Table 1. Characteristic findings in various clinical stages of Lyme disease

Stage	Findings
I	Lasts a median of 4 weeks: Erythema migrants, Influenza-like illness, Severe fatigue, musculoskeletal pains, headache, stiff neck
II	Lasts days to months: Central nervous system disease with meningitis, encephalitis, Bell's palsy, peripheral nervous system involvement with radiculopathy or neuropathy (or both); Cardiac involvement with variable heart block, myopericarditis, congestive heart failure; Ophthalmitis
III	Lasts months to years: Asymmetric, pauciarticular arthritis (often intermittent but chronic in 10% of cases; severe, chronic, late central nervous system disease with encephalitis, demyelinating syndromes, and psychiatric disorders.

Recovery of a microorganism from a patient is the most reliable method of establishing proof of infection. However, it is not practical for Lyme disease today. Currently, serologic test to detect a specific antibody to B. Burgdorferi is the best alternative to confirm B. Burgdorferi infection. The serologic test most commonly used is the enzyme-linked immunosorbent assay (ELISA) to detect both IgM and IgG antibodies. Because of low levels of specific anti-B. Burgdorferi antibody during the first two weeks of infection, the ELISA is not very sensitive. On the other hand, for stages II and III diseases, the test is very sensitive. False-positive test results are not common. They occur primarily in patients with other spirochetal infections (such as syphilis), infectious mononucleosis and in those with autoimmune disease. Although the specificity of the ELISA is quite high (97.6%), the low prevalence of confirmed Lyme disease (2.2%) making it less useful for routine screening of Lyme disease. In other word, false-positive will occur in approximately 50% of patients with positive test result. (Duffy, J. et al, Diagnosing Lyme Disease: The Contribution of Serologic Testing, Mayo Clin. Proc., Nov. 1988; 63:1116-21.) Consequently, the test should only be used for confirmation of a clinical diagnosis. It should not be sued as a basis for the institution of therapy to prevent possible illness in persons who are otherwise healthy such as in the case of JR. The diagnostic criteria for definite Lyme disease according to the Center for Disease Control (CDC) are listed in Table 2. (Duffy, J., Lyme Disease, Infectious Disease Clinics of North America, Sept. 1987; 1(3):511-527.)

Table 2. CDC Diagnostic Criteria for Lyme Disease

Endemic Area:

1. Erythema migraines (EM) with exposure no more than 30 days prior to onset.
2. Involvement of >one organ system (musculoskeletal, neurologic, or cardiac) and positive antibody test.

Nonendemic Area:

1. EM with positive antibody test.
2. EM with involvement of > two organ systems.

Stanley Chung

XII. THE AHEC ROTATION

Student's Responsibilities and Criteria for Evaluations:

1. Each student assigned to an AHEC site will work with a physician or group of physicians for a two-week period.
2. Students will perform different functions in different inpatient and outpatient sites at the discretion of the faculty preceptor. Students will act both as observers and participants in the care of selected inpatients and outpatients.
3. Depending on the teaching site, student responsibilities may include evaluating and documenting patient care in the physicians' office or in the hospital. AHEC preceptors are encouraged to ask students to read about various topics and prepare short presentation based on their research.
4. Other activities that may occur at AHEC sites include a Hospice experience, attendance at medical staff functions or participating in CME activities at local hospitals. If students are unsure about whether to attend a specific activity, they should ask their physician preceptor or the staff at the local AHEC Office.
5. Students will be given ongoing verbal feedback during the rotation. If a student feels that they are not getting adequate feedback about their rotation, they are encouraged to ask the attending physician for an evaluation of their performance.
6. Students on AHEC services are not required to complete any case reports, but it is recommended that you complete at least one of them and have the faculty give feedback, if time permits.

XIII. THE HOSPICE ROTATION

Student's Responsibilities and Criteria for Evaluations:

1. Each student assigned to the Hospice site will see both inpatients and patients receiving hospice care at home.
2. Students will attend a variety of didactic sessions relating to the care and management of patients receiving Hospice care.
3. Students will observe Interdisciplinary Team Conferences with physicians and staff providing care to patients receiving Hospice care.
4. Students will not be expected to prepare Case Reports during their time at Hospice.

XIV. PROCEDURAL COMPETENCE

All students on the Internal Medicine Clerkship will be encouraged to perform simple procedures outlined below:

- Phlebotomy/IV Line Placement
- Arterial Blood Gas
- NG Tube Placement
- Urinary Bladder Catheterization
- Pelvic Examination

Students are encouraged to avail themselves of opportunities to perform these procedures. Residents and nursing personnel can assist you with these procedures. A number of manuals describing the indications, complications and details of performing procedures may be found in the bookstore or library. You are encouraged to obtain one of these manuals.

All procedures should be logged as part of the Case Log Website. This information will be tracked throughout your medical school career.

XV. JOB DESCRIPTIONS FOR THE MEDICAL TEAM

Those new to a teaching hospital service, often have difficulty sorting out the roles of the numerous physicians and students involved in patient care. The following guidelines roughly describe the responsibilities of each member of the team.

THE ATTENDING GENERAL MEDICINE SERVICE

The attending on service has a dual role (i.e., teaching and patient care). Teaching responsibility includes making rounds with the entire team 3 or 4 times per week at a prearranged time and place, for approximately 2 hours. These rounds consist of:

- Presentation by the students or interns of cases recently admitted to the team. This should include both staff and non-staff patients. Patient presentations should be followed by bedside evaluation of the patient and bedside teaching.
- Other patients, both staff and non-staff, should also be discussed and evaluated as time permits. Any extra time could be spent with x-ray review, smear evaluation, didactic teaching or topic presentations by the students or house staff. One of the goals of service rounds is for the attending to assess the competence and attitude of each member of his team, both students and house-staff.
- The service attending also is the attending of record for staff patients on his service. He is responsible for overseeing the care of these patients by the house staff. The supervising resident should contact the attending for any admissions or changes in patient status. If the attending feels a change in plans or therapy is needed, he/she should contact the supervising resident or, if the problem is not urgent, place a note in the chart. If possible, the attending should leave the specifics of patient care to the house staff and concentrate advice on general goals and strategies.

- If there is a particular problem with a student or house officer, the attending should meet with him/her part way through the rotation to discuss the deficiency and plan how to correct it.

THE NON-SERVICE ATTENDING

The attendings not on the Medicine Service have mostly patient care responsibilities.

When the attending is aware of an admission, he should communicate with the supervising resident on the appropriate admitting team. This could be done in writing, in person or by phone. Again, general principles and plans as opposed to details should be discussed. It is the responsibility of the resident to contact the attending after admission and initial evaluation to discuss impressions and plans.

If there is a significant change in patient status or the resident feels a major change in diagnostic or therapeutic plans are necessary, he/she should personally contact the attending to discuss it. When the attending has urgent suggestions to make to the primary care team, (i.e., verbal communication is required) it is recommended that the attending personally contact the supervising resident involved. When feasible he/she should supply literature to the primary care resident and student.

Consulting attendings also have teaching responsibilities. Rounds with the attending should be made on a prearranged schedule with students and house-staff on that particular elective. New consults and patients should be presented and discussed with attention to both teaching and patient care. The same is true of follow-up on old patients. It is recommended that subspecialty students not write notes on patients who are on the medical service.

Generally, communication pertaining to patient care should be between the attending and the supervising resident.

THE SUPERVISING RESIDENT

The job of the supervising resident is to "run the service". This would include the following:

- Doing a thorough, directed History and Physical on all patients admitted, writing a summary of that in the form of a resident admit note, and formulating and recording a diagnostic and therapeutic plan for the patient.
- Evaluating emergency room consultations. It is the responsibility of the resident to determine if the Emergency Room patient requires admission to the hospital. If the resident and the emergency room attending physician agree that the patient can be treated and followed up as an outpatient, then the resident should arrange for this. However, if there is disagreement (i.e., the emergency room attending feels admission is necessary, but the resident thinks outpatient treatment is adequate), then the internal medicine attending should be contacted for the final decision.
- Communicating with the attending regarding plans for the patient. The resident should have a plan formulated at the time of calling the attending. This plan may, of course, be subject to alteration dependent upon further information which the attending is able to provide. In cases of conflict with the attending, while it is advisable to proceed with the plans of the attending, the resident should consider it part of his/her function to review the appropriate data and literature so as to resolve the conflict. If review of data does not provide resolution, then with the agreement of the resident and the attending,

other specialty consultation, or consultation with the Resident/Faculty Grievance Committee may prove helpful.

- Delegating responsibility for carrying out the plans for the patient. The supervising resident will be held responsible for the care of patients on his service. This is obtained via daily work rounds early in the morning and daily "check out" rounds in the afternoon, as well as communication throughout the day with the other members of his/her team. The supervising resident is not expected to perform the "nuts and bolts" of patient care but should see to it that plans are executed efficiently by his/her interns and medical students.
- Medical student teaching. This involves critical review of the medical students' H&P's and presentations, as well as providing teaching regarding pathophysiology, therapy, etc. on patients on the service. This may be done on a formal or informal basis, but it should be done.
- It is the responsibility of the supervising resident to coordinate the care of the patient, especially when there are multiple consultants offering opinions. This may involve a good deal of communication with consultants. If a consultant's advice is not taken, it should be stated in the chart why this is the case, and the reasons should be defensible.
- The supervising resident must be available to provide backup for the intern in managing complicated and critically ill patients, and to help out if the number of patients on the service becomes unmanageable.
- It is the function of the supervising resident on call at night and on weekends to provide emergency medical or medical subspecialty consultation for patients on non-medical services. After seeing the patient, he/she should communicate with the appropriate attending or GIM resident. It is not his function to see non-urgent consults or to provide non-urgent opinions on patients followed by medical or medical specialty consultants.
- Responding to CODE Blue. It is the responsibility of the supervising residents on their call days to head the CODE Blue. The resident will respond immediately when the CODE is announced, and upon arrival is expected to take over the management of the CODE. If the attending physician is present, the resident has the option of asking whether the attending wishes to run the CODE.
- Outpatient clinic responsibilities. The supervising resident is expected to attend his/her outpatient clinics as scheduled. The clinic hours take precedence over ward service responsibilities; if the resident is admitting that day, the admissions for that day and responding to CODE Blue are to be handled by one of the other ward supervisors for that hospital. Any other duties of the supervising resident that conflict with clinic are to be addressed outside of the clinic hours. Similarly, it is the responsibility of the ward supervising residents to help cover for each other when one or more of them have clinic obligations conflicting with their admitting/CODE Blue duties.

THE RESIDENT ON ELECTIVE

The job of the resident on the subspecialty service is to learn. This is usually accomplished by seeing ambulatory and hospitalized patients with problems related to that subspecialty and reading and discussing with the attending about those problems. The consulting resident should also complete the consults and discuss the findings and plans with the attending in a timely manner, and then review any pertinent literature pertaining to that particular problem.

It is recommended that the resident supplement this experience with reading as recommended by the attending and the core curriculum.

When interacting with the medical services, it should be remembered that the function of a consultant is to offer an opinion and/or suggestion, unless further action is requested by the primary service. The consulting resident should avoid daily progress notes unless the course of the patient is such that daily new suggestions are required. It is also recommended that medical students on the consult services not write progress notes on medical patients. On non-medical patients, the consulting resident may take a more direct role in patient care as needed.

It should be noted that it is not the function of the consulting resident to be the intermediary between the consulting attending and the primary medical service.

The other major function of the consulting resident is to act as the supervising admitting resident as indicated on the call schedule.

Despite all these duties, the primary care consulting resident's main job, as with other consulting resident's is to learn. He should not be expected to be a "mini-attending" and duties such as taking calls from outpatients, functioning as a general medical physician on consults, or spending large portions of time on private patients of the attending who do not have problems pertinent to his subspecialty, should be avoided.

THE INTERN

The intern's major obligation is the providing of patient care. This involves, among other things, the performance and recording of a complete history and physical, writing or supervising daily progress notes, writing or supervising all orders on the patient, and procuring and/or noting results of laboratory test and diagnostic procedures in a timely fashion.

It should go without saying that the intern should see all patients at least daily and perform directed physical examination to assess the patients' progress. Also, it is the responsibility of the intern to notify the supervising resident of significant or unexpected changes in the patient's status or when major therapeutic or diagnostic changes are contemplated. It is also his/her responsibility to seek help from the supervising resident when in doubt as to appropriate actions in patient care. When time permits, the intern should help in the teaching of medical students.

A number of the intern's duties parallel those of the supervising resident, beyond what is described above:

- CODE Blue. On admitting days, the intern is a member of the CODE Blue team and is expected to respond immediately when a CODE is announced. The intern is to administer therapies during a CODE effort as directed by the physician in charge of the CODE (usually the supervising resident); if there is no senior person (attending or resident) present, the intern should run the CODE until relieved by a senior physician.
- Hours. As per supervising resident description.
- Overnight call duties. As per supervising resident description.
- Outpatient clinic responsibilities. The intern is expected to attend his/her outpatient clinics as scheduled. The clinic hours take precedence over ward service responsibilities; if the intern is admitting on a clinic day, the admissions are to be worked up outside of clinic hours or be assigned to another intern on the admitting team. The intern is not

expected to respond to CODE Blue while in clinic; ideally, the CODE pager should be given to another intern during clinic hours. Any other duties of the intern that conflict with clinic hours should be addressed outside of clinic.

STUDENT ON ELECTIVE

The job of the fourth-year medical student on an elective medicine rotation is to learn by observing inpatients, outpatients, and consults, and discussing these patients and their problems with the attending and house-staff.

Teaching should be centered on rounds with the team. Rounds may consist of student case presentations, topic discussions and bedside patient evaluation and should take place at a predetermined time. The student should not fill out consults or write progress notes on Internal Medicine in-patients (to avoid "chart clutter"), however, this should not prevent him/her from following these patients closely and learning from them. Consults and progress notes may be completed by the student on non-medicine patients under the direction of the attending or house-staff. The student should also attend one or more out-patient clinics with the attending each week. The student may be asked to do some of the "busy work" involved in patient care such as making flow sheets, obtaining specimens, and searching through old charts, however, he/she should have enough free time to read and study. The student is not expected to act as a "go between" for his attending and other services.

STUDENT ON REQUIRED MEDICINE

The job of the 3rd year medical student on the required medicine clerkship is to learn by experiencing "hands on" medicine. The clerk's duties include the following:

Completing an extensive history and physical on assigned patients admitted to their medical service. This is recorded in a history and physical, which should include an impression, differential diagnosis and plan. The student should also complete the problem list and participate in writing orders with the intern. He/she needs to be prepared to present this patient during the next scheduled attending rounds.

Close follow-up of patients. The student is responsible for daily clinical evaluation of the patient, progress notes, and updating of the problem list. The student should be up to date on all lab work, x-ray results, etc. He/she needs to be available during the day and when on call for any change in patient status or procedures for which he should be present. The student should participate in work, attending and checkout rounds with his assigned team.

Periodically, the student will be asked to help with some of the "footwork" involved in patient care (e.g. carrying specimens to the lab) however, this should not constitute a large portion of time.

APPENDIX A: CLINICAL COMPETENCY EVALUATION FORM

Clinical Competency Evaluation

Student's Name (First Name Last Name)

Student picture

Clerkship: Evaluator:
Start Date: End Date:
Rotation Number: Site:

Direct contact with student:
o Extensive (>40 hours)
o Substantial (>11 to 40 hours)
o Moderate (5 to 10 Hours)
o Limited (1 to 4 Hours)
o No Contact (< than 1 Hour)

To view the medical school educational program objectives, click here. To view the clerkship objectives, click here. To view the competency expectations across the four-year medical school program, click here. Evaluations may be negatively influenced by implicit biases. These biases include our subconscious attitudes, perceptions, and stereotypes that influence our understanding, actions, and behavior while interacting with various identities. Implicit bias can influence perceptions of race, gender, sexual orientation, gender identity, ability, religion/spirituality, nationality, and socioeconomic status. Systematically, this may result in lower evaluations, even when there are no differences in performance. We ask that all evaluators recognize the potential impact of bias and resist stereotypes to ensure balanced evaluations. - Adapted from Georgetown University School of Medicine

For each of the following statements, rate your perception of the student's performance during the clerkship. Please be as objective as possible and keep in mind that the student is NOT expected to perform at the highest level on each of these to receive a passing or even an honors score. Our scoring system is set up such that your ratings will not be just added up into a total score. Our scoring algorithm reflects realistic expectations of performance and for some of the statements, this may even be the lowest rating. Your objective reflections will also be very valuable to the student and help us identify areas of continuous improvement and ultimately secure better patient care.

PROFESSIONALISM					
Displays honesty, integrity, and ethical values in all team interactions	o Always	o Nearly always	o Often	o Rarely	
On time to duties (punctuality)	o Always	o Nearly always	o Often	o Rarely	
Prepared for assigned responsibilities	o Always	o Nearly always	o Often	o Rarely	
Receptive to feedback	o Always	o Nearly always	o Often	o Rarely	
Demonstrates knowledge of structural/social factors (e.g., ethnicity, gender, economic) affecting patient care and uses proper terminology	o Always	o Nearly always	o Often	o Rarely	o Not observed
Identifies social determinants of health.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Demonstrates sensitivity to diversity (e.g., culture, religion, gender identification).	o Always	o Nearly always	o Often	o Rarely	

INTERPERSONAL AND COMMUNICATION SKILLS—					
Uses language that is appropriate for patient understanding	o Always	o Nearly always	o Often	o Rarely	
Listens in an engaged and empathic manner, with verbal and nonverbal facilitation, including open-ended questions	o Always	o Nearly always	o Often	o Rarely	
Interacts respectfully with the healthcare team	o Always	o Nearly always	o Often	o Rarely	o Not observed
Collaborates with the healthcare team through active participation	o Always	o Nearly always	o Often	o Rarely	o Not observed
PATIENT CARE					
HPI is organized.	o Always	o Nearly always	o Often	o Rarely	o Not observed
HPI includes pertinent positives and negatives.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Relevant other history is complete (e.g., includes medical, past surgical, family, social history, ROS).	o Always	o Nearly always	o Often	o Rarely	o Not observed
Uses proper technique when performing a physical (or mental status) exam.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Identifies pertinent positives and negatives from the exam.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Accurately interprets tests (e.g., labs, imaging, surveys, screening studies).	o Always	o Nearly always	o Often	o Rarely	o Not observed
Identifies the most important (e.g., most likely, critical, life-threatening) diagnoses.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Identifies less likely but relevant diagnoses.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Patient plan of care is appropriate for the diagnosis.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Patient plan of care integrates evidence-based practice.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Patient presentation is organized (e.g., utilizes SOAP).	o Always	o Nearly always	o Often	o Rarely	o Not observed
Patient presentation is accurate, relevant, and complete.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Documentation (e.g. progress note) is accurate, relevant, and complete.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Demonstrates application of basic/foundational concepts in clinical care (e.g., pathophysiology, differential diagnosis, lab interpretation, plan of care).	o Always	o Nearly always	o Often	o Rarely	o Not observed
Explains all steps of procedure(s)	o Always	o Nearly always	o Often	o Rarely	o Not observed/not applicable

PRACTICE-BASED LEARNING AND IMPROVEMENT					
Identifies gaps in knowledge (e.g., communication, presentation, professionalism).	o Always	o Nearly always	o Often	o Rarely	o Not observed
Identifies clinical questions, takes initiative to address the question, and applies this information to patient care.	o Always	o Nearly always	o Often	o Rarely	o Not observed
SYSTEMS-BASED PRACTICE					
Suggests ancillary resources to optimize patient care.	o Always	o Nearly always	o Often	o Rarely	o Not observed
Identifies errors in patient care and/or articulates system failure.	o Always	o Nearly always	o Often	o Rarely	o Not observed

MSPE Comments: *Medical Student Performance Evaluation (MSPE) previously Dean's Letter* -- comments are required (130 character minimum).

Summary Comments: ("Not for MSPE") Narrative comments. Please also include specific comments if you feel a student did exceptionally well or exceptionally poorly, including examples where such behavior was demonstrated.

By submitting this evaluation, I hereby attest that I do not have a conflict of interest with this student, including but not limited to a consensual relationship, familial relationship, physician-patient (health care) relationship, and/or financial relationship. If I feel there is a COI, it is my responsibility to contact the coordinator and have myself removed from evaluating the student. To view the policy, please click here.

I also certify that the information I have provided is correct to the best of my knowledge. I understand that this constitutes an electronic signature and take responsibility for the content herein. I am aware of the Family Education Rights and Privacy Act that states that this information may not be released to anyone other than the Registrar's office. Therefore, I will have anyone who requests this information contact the Registrar's office.

Evaluator Name: **Signature:** **Date:**

INTERNAL MEDICINE CLERKSHIP: FACULTY OBSERVED HISTORY TAKING & PHYSICAL EXAM CHECKLIST

CHIEF COMPLAINT		
1.	Reason (s) for visit.	☐
PRESENT ILLNESS		
2.	Location. Where is it? Does it radiate?	☐
3.	Quality. What is it like? Describe it.	☐
4.	Quantity/Severity. How bad is it?	☐
5.	Timing. Onset, Duration, Frequency. When did it start? How long does it last? How often does it occur?	☐
6.	Setting in which it occurs. What are you doing when it occurs? Environmental factors, personal activities, emotional reactions, or other circumstances that may have contributed to the illness.	☐
7.	Remitting/relieving factors. What makes it better?	☐
8.	Exacerbating/aggravating factors. What makes it worse?	☐
9.	Associated symptoms. Anything that accompanies it?	☐
10.	Patient's perspective. Patient's idea about what is causing the problem, how the problem affects every day functioning, fears/concerns, thought about what would help.	☐
11.	Medications – name, dose, route and frequency of use (Medications include prescriptions, home remedies, over-the-counter drugs, vitamins, minerals, herbal supplements and oral contraceptives.	☐
12.	Allergies – must ask agent and reaction (e.g., medication, food, insect, environmental factor).	☐
13.	Tobacco – type and quantity and frequency and attempt(s) to quit.	☐
14.	Alcohol – type and quantity and frequency.	☐
15.	Illicit drug use – type and quantity and frequency (MUST ask all three).	☐
PAST HISTORY		
16.	Childhood Medical Illnesses.	☐
17.	Adult Medical Illnesses.	☐
18.	Surgical History.	☐
19.	Obstetric/gynecologic (e.g., pregnancies, menstrual periods).	☐
20.	Psychiatric (e.g., depression anxiety).	☐
21.	Health maintenance – (e.g., immunizations, screening tests).	☐
FAMILY HISTORY		
22.	Health/illnesses of immediate relatives (e.g., parents, grandparents, siblings, children, grandchildren).	☐
PERSONAL AND SOCIAL HISTORY		
23.	e.g., occupation, educational level, living arrangements, relationships, personal interests, spirituality, exercise, diet and safety measures.	☐

STUDENT NAME:

COMMENTS:

INTERPERSONAL/COMMUNICATION SKILLS		
24.	Introduced self in respectful manner and used proper name of patient.	☐
25.	Summarized pertinent information to clarify for patient and interviewer.	☐
26.	Asked if patient had questions or anything to add at the end of the interview.	☐
GENERAL INSPECTION AND VITAL SIGNS		
27.	Wash/Clean hands before starting exam	☐
28.	Measure Blood Pressure in one arm (on bare skin and must check for pulse first)	☐
29.	Palpate Radial Pulse (for at least 15 sec. – may not use thumb)	☐
HEAD AND NECK		
30.	Inspect Scalp	☐
31.	Estimate Visual Acuity – bilaterally by covering one eye at a time	☐
32.	Inspect External Ocular Structures (lid, cornea, conjunctivae)	☐
33.	Check visual fields by confrontation	☐
34.	Observe bilateral pupillary response to light	☐
35.	Evaluate extra ocular muscle function in 4 quadrants	☐
36.	Uses ophthalmoscope or panoptic to examine each eye	☐
37.	Examine outer ears – bilaterally	☐
38.	Test auditory acuity	☐
39.	Inspect ear canals bilaterally with otoscope	☐
40.	Inspect turbinates and septum with otoscope	☐
41.	Inspect lips, gums, teeth, buccal mucosa	☐
42.	Inspect palate, uvula, pharynx, tongue	☐
43.	Observe midline protrusion of tongue	☐
44.	Observe elevation of the palate by asking patient to say "ah"	☐
45.	Examine thyroid gland with and without swallowing	☐
46.	Palpate lymph nodes of neck and posterior occipital region	☐
CHEST, LUNGS AND THORAX		
47.	Inspect and palpate spine on bare skin	☐
48.	Perform fist percussion of CVA – bilaterally on bare skin	☐
49.	Check Thoracic (chest) expansion – must ask patient to take a deep breath	☐
50.	Percuss posterior lung fields bilaterally and symmetrically (side to side – at least 6 areas) on bare skin	☐
51.	Auscultate posterior lung fields bilaterally and symmetrically (side to side – at least 6 areas) on bare skin and must ask patient to take a deep breath	☐
52.	Auscultate anterior chest symmetrically (side to side – at least 6 areas) on bare skin and must ask patient to take a deep breath	☐
53.	Auscultate lateral chest symmetrically (side to side – at least 4 areas) on bare skin and must ask patient to take a deep breath	☐

COMMENTS:

54.	Auscultate aortic area with diaphragm of stethoscope on bare skin	☐
55.	Auscultate pulmonic area with diaphragm of stethoscope on bare skin	☐
56.	Auscultate tricuspid area with diaphragm of stethoscope on bare skin	☐
57.	Auscultate mitral (apical) area with diaphragm of stethoscope on bare skin	☐
58.	Observe neck veins with head of table elevated	☐
ABDOMEN		
59.	Auscultate before percussion or palpation on bare skin	☐
60.	Auscultate over each of four quadrants on bare skin	☐
61.	Palpate abdomen (light and deep in all four quadrants) on bare skin	☐
62.	Palpate liver edge on bare skin	☐
63.	Percuss for upper border of liver on bare skin	☐
VASCULAR SYSTEM		
64.	Carotids – Palpate pulses – bilaterally	☐
65.	Femoral – Palpate pulses – bilaterally	☐
66.	Dorsalis pedis and/or posterior tibial on bare skin – Palpate pulses – bilaterally	☐
MUSCULOSKELETAL SYSTEM – Upper Extremities		
67.	Inspected hands, nails, joints, palms – bilaterally	☐
68.	Inspected and palpated upper extremity joints – bilaterally	☐
69	Tested range of motion of fingers and wrists – bilaterally	☐
70.	Tested range of motion of upper arm (shoulder, elbow) – bilaterally	☐
71.	Tested muscle strength of arms (shoulders, elbows, wrists) – bilaterally	☐
MUSCULOSKELETAL SYSTEM – Lower Extremities		
72.	Inspected and palpated lower extremity joints	☐
73.	Tested muscle strength of legs	☐
74.	Tested Muscle strength of thighs	☐
NEUROLOGICAL EXAM – Nerve I		
75.	Sense of smell – Ask about change or directly assess	☐
NEUROLOGICAL EXAM – Nerve V		
76.	Test sensory briefly in all 3 divisions (temple, jaw, chin) patient's eyes must be closed	☐
77.	Test contraction of masseter (jaw) muscles on opening of mouth	☐
NEUROLOGICAL EXAM – Nerve VII		
78.	Raise eyebrows or forced eyelid closure	☐
79.	Show teeth and or puff out cheeks	☐
NEUROLOGICAL EXAM – Nerve VIII		
80.	Weber Test	☐
81.	Rinne Test	☐
NEUROLOGICAL EXAM – Nerve XI		
82.	Test rotation of head against resistance	☐

COMMENTS:

83.	Test shoulder shrug against resistance	☐
Reflexes		
84.	Biceps (inside elbow) – bilaterally	☐
85.	Brachioradialis (near wrist) – bilaterally	☐
86.	Triceps (back of elbow) – bilaterally	☐
87.	Patellar (knee) – bilaterally	☐
88	Achilles (ankle) – bilaterally	☐
89.	Plantar – Babinski (sole of foot/without sock) – bilaterally	☐
Cerebellar		
90.	Test rapid alternating movement of hands	☐
91.	Test finger to nose – bilaterally	☐
92.	Test heel to shin – bilaterally	☐
Sensory		
93.	Test light touch or pin prick in upper extremities – bilaterally and patient's eyes must be closed	☐
94.	Test light touch or pin prick in lower extremities – bilaterally and patient's eyes must be closed	☐
95.	Test position sense in feet – bilaterally	☐
96.	Test vibratory sense in ankles – bilaterally	☐
97.	Perform Romberg test with eyes closed and feet together	☐
Interpersonal/Communication Skills		
98.	Explained procedures and gave clear instructions	☐
99.	Considered patient comfort during the exam and kept areas not being examined covered by a gown or a drape.	☐
100.	Informed patient that encounter was concluded, and what would happen next	☐

COMMENTS:

OVERALL COMMENTS:

FACULTY OBSERVER: Christopher Lynn, M.D.	**FACULTY SIGNATURE:**

Please do not give this form to the student, leave it with the Clinical Skills Center Staff. This form will then be returned to the clerkship office.

INTERNAL MEDICINE CLERKSHIP			
OBSERVATION OF CLINICAL SKILLS (OCS) – FORMATIVE FEEDBACK			
Student Name (print):			
Week of (dates):			
Faculty Name (print):			
If the above name is a resident, enter the faculty who designated them:			
Please evaluate the following skills you observed during a student-patient clinical encounter:	Satis-factory	Needs to improve	Did not observe
Interviewed the patient and collected pertinent information	☐	☐	☐
Performed a complete and focused physical exam as appropriate	☐	☐	☐
Prepared a complete H&P for a new patient admitted to the service and charted the results	☐	☐	☐
Selected and interpreted common tests used in diagnosing common diseases	☐	☐	☐
Periodically re-evaluated the patient, interpreting the results of new tests and physical changes	☐	☐	☐
Synthesized information, determined a differential diagnoses	☐	☐	☐
Accurately presented a patient by preparing case reports based on patient encounters and research	☐	☐	☐
Demonstrated appropriate knowledge in the clinical setting	☐	☐	☐
Showed respect for the patient, protects their privacy and dignity	☐	☐	☐
This student is ethical, reliable and responsible	☐	☐	☐
This student is honest and displays integrity	☐	☐	☐
This student dressed professionally, was well groomed and communicated clearly	☐	☐	☐
This student shows respect for other health care professionals and staff	☐	☐	☐
Additional comments or notes for improvement:			
Faculty Signature:			

INTERNAL MEDICINE CLERKSHIP			
OBSERVATION OF CLINICAL SKILLS (OCS) – FORMATIVE FEEDBACK			
Student Name (print):			
Week of (dates):			
Faculty Name (print):			
If the above name is a resident, enter the faculty who designated them:			
Please evaluate the following skills you observed during a student-patient clinical encounter:	Satis-factory	Needs to improve	Did not observe
Interviewed the patient and collected pertinent information	☐	☐	☐
Performed a complete and focused physical exam as appropriate	☐	☐	☐
Prepared a complete H&P for a new patient admitted to the service and charted the results	☐	☐	☐
Selected and interpreted common tests used in diagnosing common diseases	☐	☐	☐
Periodically re-evaluated the patient, interpreting the results of new tests and physical changes	☐	☐	☐
Synthesized information, determined a differential diagnoses	☐	☐	☐
Accurately presented a patient by preparing case reports based on patient encounters and research	☐	☐	☐
Demonstrated appropriate knowledge in the clinical setting	☐	☐	☐
Showed respect for the patient, protects their privacy and dignity	☐	☐	☐
This student is ethical, reliable and responsible	☐	☐	☐
This student is honest and displays integrity	☐	☐	☐
This student dressed professionally, was well groomed and communicated clearly	☐	☐	☐
This student shows respect for other health care professionals and staff	☐	☐	☐
Additional comments or notes for improvement:			
Faculty Signature:			

INTERNAL MEDICINE CLERKSHIP				
OBSERVATION OF CLINICAL SKILLS (OCS) – FORMATIVE FEEDBACK				
Student Name (print):				
Week of (dates):				
Faculty Name (print):				
If the above name is a resident, enter the faculty who designated them:				
Please evaluate the following skills you observed during a student-patient clinical encounter:		Satis-factory	Needs to improve	Did not observe
Interviewed the patient and collected pertinent information		☐	☐	☐
Performed a complete and focused physical exam as appropriate		☐	☐	☐
Prepared a complete H&P for a new patient admitted to the service and charted the results		☐	☐	☐
Selected and interpreted common tests used in diagnosing common diseases		☐	☐	☐
Periodically re-evaluated the patient, interpreting the results of new tests and physical changes		☐	☐	☐
Synthesized information, determined a differential diagnoses		☐	☐	☐
Accurately presented a patient by preparing case reports based on patient encounters and research		☐	☐	☐
Demonstrated appropriate knowledge in the clinical setting		☐	☐	☐
Showed respect for the patient, protects their privacy and dignity		☐	☐	☐
This student is ethical, reliable and responsible		☐	☐	☐
This student is honest and displays integrity		☐	☐	☐
This student dressed professionally, was well groomed and communicated clearly		☐	☐	☐
This student shows respect for other health care professionals and staff		☐	☐	☐
Additional comments or notes for improvement:				
Faculty Signature:				

INTERNAL MEDICINE CLERKSHIP				
OBSERVATION OF CLINICAL SKILLS (OCS) – FORMATIVE FEEDBACK				
Student Name (print):				
Week of (dates):				
Faculty Name (print):				
If the above name is a resident, enter the faculty who designated them:				
Please evaluate the following skills you observed during a student-patient clinical encounter:		Satis-factory	Needs to improve	Did not observe
Interviewed the patient and collected pertinent information		☐	☐	☐
Performed a complete and focused physical exam as appropriate		☐	☐	☐
Prepared a complete H&P for a new patient admitted to the service and charted the results		☐	☐	☐
Selected and interpreted common tests used in diagnosing common diseases		☐	☐	☐
Periodically re-evaluated the patient, interpreting the results of new tests and physical changes		☐	☐	☐
Synthesized information, determined a differential diagnoses		☐	☐	☐
Accurately presented a patient by preparing case reports based on patient encounters and research		☐	☐	☐
Demonstrated appropriate knowledge in the clinical setting		☐	☐	☐
Showed respect for the patient, protects their privacy and dignity		☐	☐	☐
This student is ethical, reliable and responsible		☐	☐	☐
This student is honest and displays integrity		☐	☐	☐
This student dressed professionally, was well groomed and communicated clearly		☐	☐	☐
This student shows respect for other health care professionals and staff		☐	☐	☐
Additional comments or notes for improvement:				
Faculty Signature:				

APPENDIX D: CASE REPORT EVALUATION

CASE REPORT EVALUATION - #1

Student Name:

_____

Patient Initials: **Date:**

_____ _____

This section to be completed by the **attending whose clinic you saw the above patient.**

Attending Name:

_____

Overall, this report is:

- ☐ Outstanding
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Poor

Suggestions / Comments / Feedback:

_____

_____

_____

_____

_____

_____

Please return this evaluation and case report to the Clerkship Office (UTMC Hospital basement 0245A / MS1150) for the students file in a timely manner.

CASE REPORT EVALUATION - #2

Student Name:

_____

Patient Initials: **Date:**

_____ _____

This section to be completed by the **attending whose clinic you saw the above patient.**

Attending Name:

_____

Overall, this report is:

- ☐ Outstanding
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Poor

Suggestions / Comments / Feedback:

_____

_____

_____

_____

_____

_____

Please return this evaluation and case report to the Clerkship Office (UTMC Hospital basement 0245A / MS1150) for the students file in a timely manner.

APPENDIX E: PATIENT SAFETY CURRICULUM SELF-REFLECTION EVALUATION

Patient Safety Curriculum Self-Reflection Evaluation

The purpose of this self-reflection evaluation is to give you an opportunity to consider the importance of patient safety in the provision of high-quality clinical care. You can use information from a Morbidity & Mortality Conference or you can identify a patient safety issue that you may have seen during your rotation. You will need to submit this form to the Clerkship office. Failure to complete this form will result in a grade of Incomplete until it is submitted. Feel free to use the back of this page if additional space is needed.

1) Brief description of patient scenario (Age, Demographics, Reason for admission (or clinic visit), Location (hospital, clinic, etc.)

2) Description of patient safety issue identified.

3) Role of health care professional(s) in the patient safety event.

4) If you were taking care of a similar patient, how could you play a role in preventing this from happening again?

☐ This is based off a Morbidity & Mortality Conference Date of conference: _____

Student Name (printed) _____

Signature: _____ Date: _____

APPENDIX F: ABSENCES

COLLEGE OF MEDICINE AND LIFE SCIENCES
THE UNIVERSITY OF TOLEDO

ABSENCE REQUEST FORM

Please print, complete all sections and return this form to the appropriate clerkship office for approval. If you have multiple absence requests, complete separate forms for each different rotation/site.

Name: _____ **Class Year:** _____

Email Address: _____ **Phone #:** ( ) _____

REQUEST 1

Request from:

Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday Date: _____ Time: _____ ☐ ALL DAY

Returning on:

Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday Date: _____ Time: _____ ☐ Scheduled start of day

Clinical Service / Site Assignment: _____

*Heart Station cannot request final 3 days off

Activities that will be missed: _____

Reason for absence: _____

To be completed by the Clerkship Director: ☐ **Approve** ☐ **Disapprove**

REQUEST 2

Request from:

Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday Date: _____ Time: _____ ☐ ALL DAY

Returning on:

Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday Date: _____ Time: _____ ☐ Scheduled start of day

Clinical Service / Site Assignment: _____

*Heart Station cannot request final 3 days off

Activities that will be missed: _____

Reason for absence: _____

To be completed by the Clerkship Director: ☐ **Approve** ☐ **Disapprove**

What other days have you requested off or plan to request off from this elective/clerkship?

List date(s):_____ OR I have not/do not plan on requesting any other days off: ☐

Verification attached (doctor's note, boarding pass, interview invitation, etc.): ☐ Yes ☐ No

I have/had notified the following attendings / residents, on the service that I am assigned, of this absence:

List attendings/residents:_____

I understand that I am responsible for all clerkship/curriculum content during my absence. It is MY responsibility to contact the clerkship coordinator no later than the first day of my return to find out what the requirements are to make-up my time missed.

_____ _____
Student Signature Date

☐ Make-up time required: _____

_____ _____
Approval Signature: *Clerkship Director* Date

APPENDIX G: PATIENT HANDOFF TOOL (PHT)

.

HEALTH THE UNIVERSITY OF TOLEDO

IT Education Office

Improving Effectiveness through Education

Patient Handoff Tool (PHT) – Quick start guide

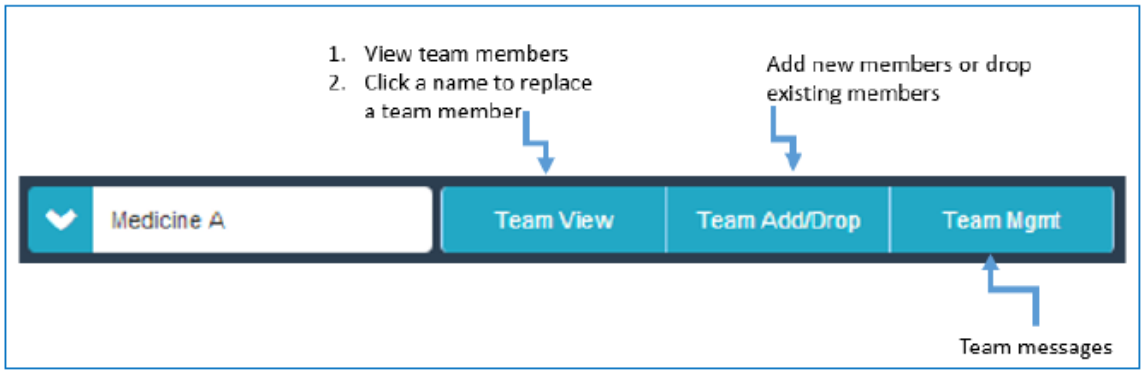
HOW TO ACCESS

- Web address – pht.utoledo.edu
- **From Clinical portal** - under the "orders tab", click the blue link "Patient Handoff Tool"
- Compatible with
  - Web-browsers: Internet Explorer, Safari, Chrome and Firefox
  - Smartphones and Tablets – ipad, iphone and Android with UT wifi (SecurePublic or Public)
  - Off campus/Home/wireless data – use VPN or Vlab

SETUP YOUR ACCOUNT

- Log in using Utad username and password, then select your role (e.g. Resident), Department and Specialty
- Phone = your pager number.
- *Note* – you must first select your 'team' before you can setup/view your team members
- For security reasons, everyone except Attendings, must update their role, dept and specialty once/year

SETUP YOUR TEAM

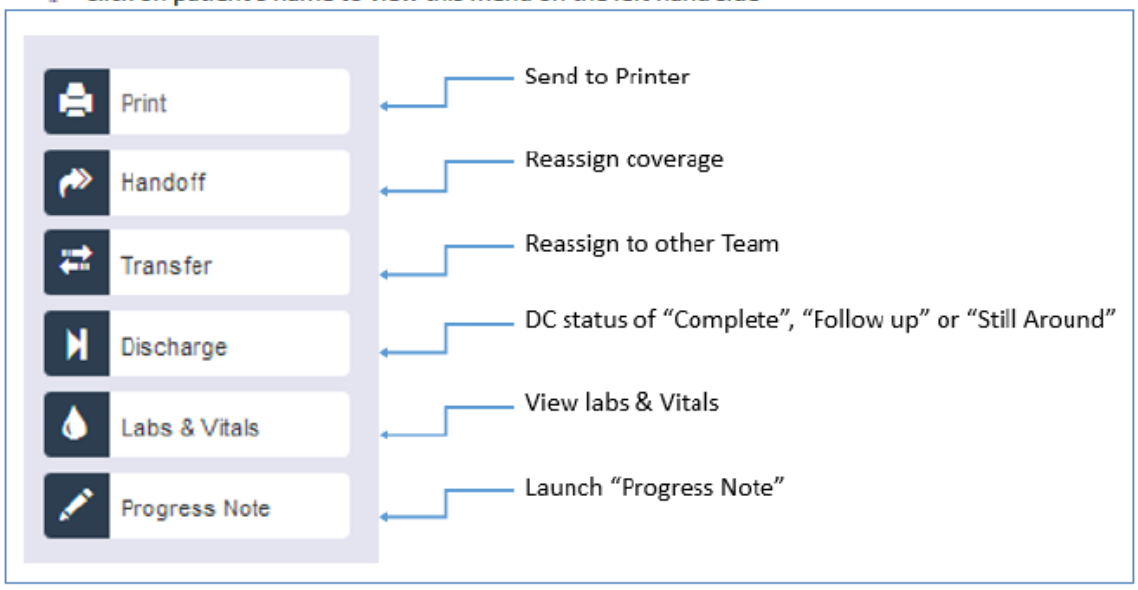


SETUP YOUR TEAMS' PATIENTS

- To view all your team's patients, scroll to the bottom (or you can click "View Patients")
- How to add patients – click "Add Patients". All patients display
  - Filter as follows:
    - On the left column, search by Pt location, Pt Name or MRN
    - On the middle column, click the "+" to add the desired patients
    - At the bottom, click "Add Patients Individually" or "Add Patients as a Group"
    - In the next window, assign "Current Coverage" and select "To Do" items for each Pt. SAVE
- Scroll down to view your teams' patients
- Newly added patients will be displayed with the word "New". Click on "New" to remove this Pt status
- Click on the patient's name to do more

ADDING PATIENT NOTES

- Click on patient's name to view this menu on the left hand side



- View the Pt's current coverage, consults, RN's name and RN's Ascom phone number
- Scroll to the bottom to view/add
  - Diagnosis
  - Note
  - To Do items
  - Note to Meds
  - Code Status
  - Central Lines and Drains

SUPPORT

- Feedback
  - At the top of the screen, click "feedback" and send us your suggestions/issues, etc.
  - If you want to be contacted, include your name and contact info
- Technical issues/Access
  - Contact IT Help Desk at 419-383-2400 (open 24/7)
  - You may also email IT Help Desk at "ithelpdesk@utoledo.edu"

INTERNAL MEDICINE
STUDENT CHECKLIST

By the end of the clerkship, make sure you have:

- ☐ Logged patients throughout the entire clerkship with a minimum of 24 patients logged by the end of the clerkship
- ☐ Logged your hours throughout the entire clerkship (if you logged any more than 60 hours in a one-week period, please contact the Clerkship Coordinator)
- ☐ Completed evaluations of attendings, residents & fellows
- ☐ Completed evaluations of sites/rotations/clerkship
- ☐ Turned in 3 completed/signed Observation of Clinical Skills (OCS) Forms
- ☐ Turned in 2 Case Reports *(ambulatory rotations only)*
- ☐ Completed 18 online Aquifer Cases
- ☐ Turned in Patient Safety Self-Reflection paper
- ☐ Turned in any scrubs that have been checked out
- ☐ If assigned a locker at PTH, make sure it is cleaned out
- ☐ Turn in any Absence Request forms for days missed